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| Fill in this information to identify your case:                                 |   |                                   |   |
|---|---|-----------------------------------|---|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                   |   |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is a amended filing | n |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| . Your full name  | Sapphire                   |   |
|   | First name                 | First name                                    |
| Write the name that is on your government-issued                    | Т                          |   |
| picture identification (for example, your driver's                  | Middle name                | Middle name                                   |
|   | Robinson                   |   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| All other names you   |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   |                            |   |
|   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| Only the last 4 digits of your Social                               | XXX - XX0246               |   |
| Security number or<br>federal Individual                            | OR                         | OR  |
| Taxpayer Identification number                                      | 9 xx - xx-                 | 9 xx - xx-                                    |
| (ITIN)  |                            |   |

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| Debtor 1 Sapphire First Name                                 | T<br>Middle Name          | Robinson<br>Last Name  | Case number (if known)   |
|--|---------------------------|--|--|
|  | About Debtor 1:           |  | About Debtor 2 (Spouse Only in a Joint Case):  |
| Any business names and Employer                              | ✓ I have not used any     | business names or EINs.  | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name             |  | Business name  |
| 8 years Include trade names and                              | Business name             |  | Business name  |
| doing business as names                                      | EIN                       |  | EIN  |
|  | EIN                       |  | EIN  |
| 5. Where you live  | 4038 W Arthington St      |  | If Debtor 2 lives at a different address:  |
|  | Number Street             |  | Number Street  |
|  | Chicago Illino City State |  | City State Zip Code  |
|  | Cook<br>County            |  | County   |
|  | If your mailing address   | s is different from the one ote that the court will send any ling address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street             |  | Number Street  |
|  | City 5                    | State Zip Code   | City State Zip Code  |
| 6. Why you are choosing this district                        | Check one:                |  | Check one:   |
| to file for bankruptcy                                       |                           | ys before filing this petition, I hav<br>inger than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  | I have another reaso      | n. Explain. (See 28 U.S.C. §§ 140  | 08.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  |
|  |                           |  |  |
|  |                           |  |  |
|  |                           |  | _  |
|  |                           |  |  |

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| Debtor 1 Sapphire   | T  | Robinson  | Case number (if kno   | own)   |
|---|--|---|---|--|
| First Name  | Middle Name  | Last Name   |   |  |
| Part 2: Tell the Court Abo  | out Your Bankruptcy  | y Case  |   |  |
| 7. The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under   |  | rief description of each, see <i>Notice Req</i><br>2010)). Also, go to the top of page 1 and  |   |  |
| 8. How you will pay the fee   | more details aborcashier's check, may pay with a company with a co | out how you may pay. Typically, if you, or money order. If your attorney is some fee in installments. If you choose any Your Filing Fee in Installments (Comp fee be waived (You may request is not required to, waive your fee, an erty line that applies to your family signal. | ou are paying the<br>submitting your<br>ed address.<br>e this option, sig<br>Official Form 103<br>this option only<br>ad may do so onl<br>ize and you are u |  |
| 9. Have you filed for bankruptcy within the last 8 years?   | Yes. District District District  | When When When  | MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor  | <u>W</u> hen<br><u>W</u> hen  | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known |
| 11. Do you rent your residence?   | ✓ No. G  | ndlord obtained an eviction judgment a  |   | of You (Form 101A) and file it with  |

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Debtor 1 Sapphire Robinson Case number (if known) Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Sapphire Robinson Case number (if known)

#### First Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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| Debtor 1 Sapphire First Name  | T Robin Middle Name Last N  |  | er (if known)  |
|---|---|--|--|
|   | estions for Reporting Purposes  | valle  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily cor "incurred by an individual primarily No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily bus  | marily for a personal, family, on siness debts? Business debts stment or through the operation   | are debts that you incurred to obtain on of the business or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that funds  No.   |  | empt property is excluded and administrative unsecured creditors?  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 mill \$100,000,001-\$500 mill  | on \$1,000,000,001-\$10 billion<br>ion \$10,000,000,001-\$50 billion   |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 millior<br>\$10,000,001-\$50 millio<br>\$50,000,001-\$100 mill<br>\$100,000,001-\$500 m   | on \$1,000,000,001-\$10 billion<br>ion \$10,000,000,001-\$50 billion   |
| Part 7: Sign Below  | Lhave everying this patition, and I   | dealers under penalty of perio   | ny that the information provided is true and   |
| For you   | correct.  If I have chosen to file under Chapt of title 11, United States Code. I ununder Chapter 7.  If no attorney represents me and I cout this document, I have obtained I request relief in accordance with the I understand making a false statement. | er 7, I am aware that I may pronderstand the relief available undid not pay or agree to pay sor and read the notice required the chapter of title 11, United Sent, concealing property, or ole can result in fines up to \$250 | ceed, if eligible, under Chapter 7, 11,12, or 13 nder each chapter, and I choose to proceed neone who is not an attorney to help me fill by 11 U.S.C. § 342(b). States Code, specified in this petition. otaining money or property by fraud in ,000, or imprisonment for up to 20 years, or |
|   | /s/ Sapphire Robinson Signature of Debtor 1   |  | nature of Debtor 2   |
|   | Executed on8/10/2018  | Exe  | ecuted on  |
|   | MM / DD / Y   | YYY  | MM / DD / YYYY   |

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| Debtor 1 Sapphire                                | Т                         | Robinson   | Case number (if           | known)  |  |  |  |  |
|--|---------------------------|--|---------------------------|---|--|--|--|--|
| First Name                                       | Middle Name               | Last Name  |                           |   |  |  |  |  |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12,   | or 13 of title 11, United | nave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |  |  |  |  |
| If you are not                                   |                           | •  |                           | which § 707(b)(4)(D) applies, certify that I  |  |  |  |  |
| represented by an                                | . ,                       | have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |                           |   |  |  |  |  |
| attorney, you do not                             | •                         |  |                           |   |  |  |  |  |
| need to file this page.                          | /s/ Jeremy Nevel          |  | Date                      | 8/10/2018   |  |  |  |  |
|  | Signature of Attorney     | for Debtor   | M                         | M / DD / YYYY   |  |  |  |  |
|  | . 5                       |  |                           |   |  |  |  |  |
|  |                           |  |                           |   |  |  |  |  |
|  | Jeremy Nevel              |  |                           |   |  |  |  |  |
|  | Printed name              |  |                           |   |  |  |  |  |
|  | Semrad Law Firm           |  |                           |   |  |  |  |  |
|  | Firm name                 |  |                           |   |  |  |  |  |
|  | 20 S. Clark Street        |  |                           |   |  |  |  |  |
|  | Street                    |  |                           |   |  |  |  |  |
|  | 28th Floor                |  |                           |   |  |  |  |  |
|  |                           |  |                           |   |  |  |  |  |
|  | Chicago                   |  | Illinois                  | 60603   |  |  |  |  |
|  | City                      |  | State                     | Zip Code  |  |  |  |  |
|  |                           |  |                           |   |  |  |  |  |
|  | Contact phone             | 3124473707   | Email address             | jnevel@semradlaw.com  |  |  |  |  |
|  |                           |  |                           |   |  |  |  |  |
|  |                           |  | Illinois                  | <u> </u>  |  |  |  |  |
|  | Bar number                |  | State                     |   |  |  |  |  |

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| Fill in this infor        | mation to identify your c | ase:        |                      |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1                  | Sapphire                  | Т           | Robinson             |
|                           | First Name                | Middle Name | Last Name            |
| Debtor 2                  |                           |             |                      |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name            |
| Jnited States E           | Bankruptcy Court for the: | Northern    | District of Illinois |
|                           |                           |             | (State)              |
| Case number<br>(If known) |                           |             |                      |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own |
|--|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                               |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <del></del>                          |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$13,735.00                          |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$13,735.00                          |
| art 2: Summarize Your Liabilities  |                                      |
|  | Your liabilities<br>Amount you owe   |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | \$18,718.00                          |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <u> </u>                             |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | _                                    |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$5,459.00                           |
| Your total liabilities   | \$24,177.00                          |
| Part 3: Summarize Your Income and Expenses   |                                      |
| s. Schedule I: Your Income (Official Form 106I)  |                                      |
| ,  | \$1,739.64                           |
| Copy your combined monthly income from line 12 of Schedule I   |                                      |
| Copy your combined monthly income from line 12 of Schedule I   | \$1,274.00                           |

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| Debte         | or 1 Sapphire  | T   | Robinson   | Case number (if known)  |            |  |  |  |  |  |  |
|---------------|--|---|--|---|------------|--|--|--|--|--|--|
| D1-4          | First Name   | Middle Name   | Last Name  | le.   |            |  |  |  |  |  |  |
| Part 4        | Answer These Qu  | lestions for Administra   | tive and Statistical Record  | 5   |            |  |  |  |  |  |  |
| 6. <b>A</b> r | e you filing for bankrupt  | cy under Chapters 7, 11, o  | r 13?  |   |            |  |  |  |  |  |  |
| Г             | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |   |  |   |            |  |  |  |  |  |  |
| <u>-</u>      | ▼ Yes.   |   |  |   |            |  |  |  |  |  |  |
| 7 \           |  | hawa2   |  |   |            |  |  |  |  |  |  |
| 7. WI         | hat kind of debt do you l  |   |  |   |            |  |  |  |  |  |  |
| <b>✓</b>      |  |   | umer debts are those incurred by<br>Fill out lines 8-10 for statistical pu | an individual primarily for a personal, urposes. 28 U.S.C. § 159. |            |  |  |  |  |  |  |
| Г             | Your debts are not pr  | imarily consumer debts. Yo  | ou have nothing to report on this  | s part of the form. Check this box and su                         | bmit       |  |  |  |  |  |  |
|               | this form to the court w   | rith your other schedules.  |  |   |            |  |  |  |  |  |  |
| 8. <b>F</b>   | rom the Statement of Y   | our Current Monthly Incom   | ne: Copy your total current mont   | hly income from Official  | \$1,583.06 |  |  |  |  |  |  |
|               |  | Form 122B Line 11; <b>OR</b> , Fo   |  |   | 4.,000.00  |  |  |  |  |  |  |
| 9.            | Convite following spec   | ial categories of claims fro  | om Part 4 line 6 of Schedule F   | :/E·  |            |  |  |  |  |  |  |
|               |  | ppy the following special categories of claims from Part 4, line 6 of Schedule E/F: |  |   |            |  |  |  |  |  |  |
|               | From Part 4 on Schedul   | e E/F, copy the following:  |  | Total claim   |            |  |  |  |  |  |  |
|               | 9a. Domestic support obli  | igations (Copy line 6a.)  |  | \$0.00  |            |  |  |  |  |  |  |
|               |  |   | mant (Carryline Ch.)   | \$0.00  |            |  |  |  |  |  |  |
|               | 9b. Taxes and certain our  | er debts you owe the govern   | теп. (Сору ште бр.)  |   |            |  |  |  |  |  |  |
|               | 9c. Claims for death or pe   | ersonal injury while you were   | intoxicated. (Copy line 6c.)   | \$0.00  |            |  |  |  |  |  |  |
|               | 9d. Student loans. (Copy   |   |  |   |            |  |  |  |  |  |  |
|               | 9e. Obligations arising out of a separation agreement or divo  |   | or divorce that you did not report   | as \$0.00   |            |  |  |  |  |  |  |
|               | priority claims. (Copy line  |   | ,  |   |            |  |  |  |  |  |  |
|               | 9f. Debts to pension or profit-sharing plans, and other similar  |   | similar debts. (Copy line 6h.)   | \$0.00  |            |  |  |  |  |  |  |
|               | 2 13.0 to po   | z zamg plane, and other   | 302.0. (30p) 011.)   |   |            |  |  |  |  |  |  |

\$0.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this                           | information to identify your ca   | ase:   |  |   |   |
|--|---|--|--|---|---|
| Debtor 1                               | Sapphire  | Т  | Robinson   |   |   |
| Debtor 1                               | First Name  | Middle Name  |  |   |   |
| Debtor 2<br>(Spouse, if fili           | ing) F:   |  |  |   |   |
| (Spouse, II IIII                       | ing) First Name   | Middle Name  | e Last Name  |   |   |
| United Sta                             | tes Bankruptcy Court for the:   | Northern   | District of Illinois (State)   |   |   |
| Case num<br>(If known)                 | ber   |  |  |   |   |
| Officia                                | I Form 106A/B   |  |  |   | Check if this is an amended filing                      |
|  | dule A/B: Prope   | rtv  |  |   | 12/ <sup>-</sup>  |
| category w<br>responsibl<br>write your | where you think it fits best. Be for supplying correct inform name and case number (if ki | e as complete and a<br>nation. If more spac<br>nown). Answer every | n asset only once. If an asset fits in more<br>accurate as possible. If two married peop<br>e is needed, attach a separate sheet to t<br>or question.<br>or Other Real Estate You Own or H | le are filing together, both a<br>his form. On the top of any a | are equally   |
| 1. Do you                              | own or have any legal or eq   | uitable interest in a  | ny residence, building, land, or similar pr  | operty?   |   |
| <b>✓</b>                               | No. Go to Part 2  |  |  |   |   |
|  | Yes. Where is the property?   |  |  |   |   |
| 1.1                                    |   |  | hat is the property? Check all that apply.  Single-family home   | the amount of any secu  | claims or exemptions. Put ared claims on Schedule D:    |
|  | Street address, if available, or o  | other description  | Duplex or multi-unit building  |   | ims Secured by Property.                                |
|  |   |  | Condominium or cooperative   | Current value of the<br>entire property?                        | Current value of the<br>portion you own?                |
|  |   |  | Manufactured or mobile home  |   |   |
|  | Number Street   |  | Land   | Describe the nature of  | f vour ownership  |
|  |   | <u> </u>   | Investment property  | interest (such as fee s   | simple, tenancy by                                      |
|  | City State  | Zip Code   | Timeshare<br>Other   | the entireties, or a life                                       | e estate), if known.                                    |
|  | ·   |  | ]<br>no has an interest in the property? Check   |   | ommunity property                                       |
|  |   | or   | 1  |   |   |
|  |   | -  | Debtor 1 only Debtor 2 only  |   |   |
|  |   | Ļ  | Debtor 1 and Debtor 2 only   |   |   |
|  |   | -  | At least one of the debtors and another  |   |   |
|  |   | L<br>0:  | her information you wish to add about th   | nie itam euch as local  |   |
|  |   |  | operty identification number:  | ns item, such as local  |   |
| If you                                 | own or have more than one, lis  | t here:  |  |   |   |
|  |   | w  | hat is the property? Check all that apply.   |   | claims or exemptions. Put<br>ired claims on Schedule D: |
| 1.2                                    | Street address, if available, or o  | other description  | Single-family home   |   | aims Secured by Property.                               |
|  |   |  | Duplex or multi-unit building  | Current value of the  | Current value of the                                    |
|  |   |  | Condominium or cooperative   | entire property?  | portion you own?  |
|  |   | <u> </u>   | Manufactured or mobile home  |   |   |
|  | Number Street   |  | Land<br>Investment property  | Describe the nature of  | f your ownership  |
|  |   | <u> </u>   | Timeshare  | interest (such as fee s<br>the entireties, or a life            |   |
|  | City State  | Zip Code   | Other  |   | e estate), ii kilowii.                                  |
|  |   |  | J<br>ho has an interest in the property? Check   |   | ommunity property                                       |
|  |   | or   | e.<br>Debtor 1 only  | Ш   |   |
|  |   | =  | Debtor 1 only  |   |   |
|  |   | <b> </b>   | Debtor 1 and Debtor 2 only   |   |   |
|  |   | <u> </u>   | At least one of the debtors and another  |   |   |
|  |   | L  | 4  | nie itam euch as lasal  |   |
|  |   |  | her information you wish to add about thoperty identification number:  | ns item, such as local  |   |

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| Debtor 1   |   | T                    | Robinson  | _ Case number  | r (if known)   |  |
|------------|---|----------------------|---|----------------|--|--|
|            | First Name  | Middle Name          | Last Name   |                |  |  |
| 1.3        | et address, if available, or ot                               |                      | What is the property? Check all that ap Single-family home Duplex or multi-unit building Condominium or cooperative                   | ply.           | the amount of any secu<br>Creditors Who Have Cla<br>Current value of the | claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the |
| Nun        | nber Street   |                      | Manufactured or mobile home Land Investment property  |                | entire property?  Describe the nature o                                  | -  |
| City       | State   | Zip Code             | Timeshare Other   |                | interest (such as fee s<br>the entireties, or a life                     | estate), if known.   |
|            |   |                      | Who has an interest in the property?  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and anoth | ner            | Check if this is co<br>(see instructions)                                | mmunity property   |
|            |   |                      | Other information you wish to add ab<br>property identification number:   | out this item, | such as local  |  |
| you ha     | the dollar value of the pove attached for Part 1. Wi          | rite that number h   | all of your entries from Part 1, includ<br>nere.<br>▶   | ing any entrie | s for pages  |  |
| you own th | hat someone else drives. If yours, trucks, tractors, sport ut | you lease a vehicle, | t in any vehicles, whether they are re<br>also report it on Schedule G: Executory<br>rcycles  | -              | -  |  |
| 3.1        | Make<br>Model:<br>Year:                                       | Nissan Sentra 2017   | Who has an interest in the prope one.  Debtor 1 only  | rty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.                     |
|            | Approximate mileage: Other information:                       | 22000                | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community process.                          |                | Current value of the entire property? \$12125.00                         | Current value of the portion you own?<br>\$12125.00  |
|            |   |                      | instructions)   | opolity (ddd   |  |  |
| 3.2        | Make<br>Model:<br>Year:                                       |                      | Who has an interest in the prope one.  Debtor 1 only  | rty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.                     |
|            | Approximate mileage:  Other information:                      |                      | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and  | another        | Current value of the entire property?                                    | Current value of the portion you own?  |
|            |   |                      | Check if this is community prinstructions)  | roperty (see   |  |  |

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| tor 1 | Sapphire  | T           | Robinson   | Case numbe   | r (if known)   |  |
|-------|---|-------------|--|--|--|--|
|       | First Name  | Middle Name | Last Name  | <del></del>  | · · · · <u></u>  |  |
| 3.3   | Make Model: Year: Approximate mileage: Other information:   |             | Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions)  | nd another   | the amount of any secu   | claims or exemptions. P<br>red claims on Schedule<br>ims Secured by Property<br>Current value of the<br>portion you own?             |
| 3.4   | Make<br>Model:<br>Year:<br>Approximate mileage:   |             | Who has an interest in the propone.  | perty? Check   | the amount of any secu<br>Creditors Who Have Cla   | ims Secured by Property  |
|       | Other information:  |             | Debtor 2 only  Debtor 1 and Debtor 2 only  |  | Current value of the entire property?  | Current value of the portion you own?  |
|       |   |             | At least one of the debtors an   |  |  |  |
| Exar  |   | •           | Check if this is community instructions) er recreational vehicles, other vel in the community instructions.  | hicles, and acce   |  |  |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make   | •           | instructions)  er recreational vehicles, other vel fishing vessels, snowmobiles, mot  Who has an interest in the pro   | nicles, and acce<br>orcycle accessorie   | Do not deduct secured  |  |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes   | •           | instructions)  er recreational vehicles, other vel ;, fishing vessels, snowmobiles, mot  | nicles, and acce<br>orcycle accessorie   | es   | red claims on <i>Schedule</i>  |
| Exar  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | instructions)  er recreational vehicles, other vel ; fishing vessels, snowmobiles, mot  Who has an interest in the propone.  Debtor 1 only   | hicles, and acce<br>orcycle accessorie<br>perty? Check                                 | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>ims Secured by Propert   |
| Exar  | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year: | •           | instructions)  er recreational vehicles, other velocities, fishing vessels, snowmobiles, mot who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community instructions)  Who has an interest in the propone. Debtor 1 only | hicles, and acce<br>orcycle accessorie<br>perty? Check<br>and another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule  |
| 4.1   | mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:        | •           | instructions)  er recreational vehicles, other vel i, fishing vessels, snowmobiles, mot  Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and instructions)  Who has an interest in the propone.  | hicles, and acce<br>orcycle accessorie<br>perty? Check<br>and another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured. | red claims on Schedule ims Secured by Propert  Current value of the portion you own?  claims or exemptions. Fired claims on Schedule |

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Debtor 1 Sapphire Robinson Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture (1 bed, 1 bed, 1 living room set, 1 dining room set) \$400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Used Electronics (1 tv, 1 cell phone) Yes. Describe... \$100.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, aold, silver No Yes. Describe... Costume Jewelry (1 ring, earrings) \$60.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1160.00 for Part 3. Write that number here ......

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Debtor 1 Sapphire Robinson Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... \$50.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$400.00 17.1. Checking account: Bank of America 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Dep. | for 1 Sapphire First Name                     | ı<br>Middle Name  | Last Name                                     | Case number (if known)   |             |
|------|---|---|---|--|-------------|
| 20.  | Government and corp<br>Negotiable instruments | orate bonds and other negotial include personal checks, cashiers                  | le and non-negotiable checks, promissory note | es, and money orders.  |             |
|      | _   | ents are those you cannot transfer  | to someone by signing                         | or delivering them.  |             |
|      | Yes. Give specific information about them     | Issuer name:  |   |  |             |
|      |   |   |   |  |             |
|      |   |   |   |  | •           |
|      |   |   |   |  | <del></del> |
| 21.  | Retirement or pension                         |   | the sife and single and seems to              | and the sum of the sum |             |
|      | _   | RA, ERISA, Keogn, 401(K), 403(D)  | , thrift savings accounts,                    | or other pension or profit-sharing plans   |             |
|      | ✓ No  | Type of account:  | Institution name:                             |  |             |
|      | Yes. List each account                        |   |   |  |             |
|      | separately.                                   | 401(k) or similar plan:   |   |  |             |
|      |   | Pension plan:   |   |  |             |
|      |   | IRA:  |   |  |             |
|      |   | Retirement account:   |   |  |             |
|      |   | Keogh:  |   |  |             |
|      |   | Additional account:   |   |  |             |
|      |   |   |   |  |             |
|      |   | Additional account:   |   |  |             |
| 22.  |   | prepayments I deposits you have made so that with landlords, prepaid rent, public |   |  |             |
|      | <b>✓</b> No                                   |   | Institution name:                             |  |             |
|      | Yes   | Electric:   |   |  |             |
|      |   | Gas:  |   |  |             |
|      |   | Heating oil:  |   |  |             |
|      |   | Security deposit on rental unit:  |   |  |             |
|      |   | Prepaid rent:   |   |  |             |
|      |   | Telephone:  |   |  | <u> </u>    |
|      |   | Water:  |   |  | ·<br>       |
|      |   | Rented furniture:   |   |  |             |
|      |   | Other:  | -   |  |             |
| 23.  | Annuities (A contract fo                      | or a periodic payment of money to   | you, either for life or for                   | a number of years)   |             |
|      | ✓ No  |   |   | • '  |             |
|      | Yes   | Issuer name and description:  |   |  |             |
|      | <b>—</b>                                      |   |   |  |             |
|      |   |   |   |  |             |
|      |   |   |   |  |             |
|      |   |   |   |  |             |

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| Debte | or 1 Sapphire T   | Robinson  | Case number (if known)   |  |
|-------|---|---|--|--|
| 24.   |   | dle Name Last Name  | auglified state tuition program  |  |
| 24.   | 26 U.S.C. §§ 530(b)(1), 529A(b), and 5  | occount in a qualified ABLE program, or under a<br>29(b)(1).  | i quaimed state tuition program.   |  |
|       | <b>✓</b> No   |   |  |  |
|       | Institution name and des  | cription. Separately file the records of any interests.1  | I1 U.S.C. § 521(c):  |  |
|       |   |   |  |  |
|       |   |   |  |  |
|       |   |   |  |  |
| 25.   | Trusts, equitable or future interests i   | n property (other than anything listed in line 1),  | and rights or powers   |  |
|       | exercisable for your benefit  |   |  |  |
|       | ✓ No  |   |  |  |
|       | Yes. Describe   |   |  |  |
|       |   |   |  |  |
| 26.   |   | de secrets, and other intellectual property sites, proceeds from royalties and licensing agreements | onte   |  |
|       | - N   | sites, proceeds from royalites and licensing agreeme  | 51115  |  |
|       | ✓ No  Yes. Describe   |   |  |  |
|       | Tee: December   |   |  |  |
| 0.7   |   |   |  |  |
| 27.   | Licenses, franchises, and other gene<br>Examples: Building permits, exclusive licenses.   | rai intangibles<br>enses, cooperative association holdings, liquor licer                            | nses, professional licenses  |  |
|       | <b></b> No  |   |  |  |
|       | Yes. Describe   |   |  |  |
|       |   |   |  |  |
|       |   |   |  |  |
| Mon   | nev or property awed to you?  |   |  | Current value of the   |
| Mon   | ney or property owed to you?  |   |  | Current value of the portion you own?  |
| Mon   | ey or property owed to you?   |   |  | portion you own? Do not deduct secured   |
|       |   |   |  | portion you own?   |
|       | Tax refunds owed to you   |   |  | portion you own? Do not deduct secured   |
|       |   |   | Federal:   | portion you own? Do not deduct secured   |
|       | Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including whether   |   |  | portion you own? Do not deduct secured claims or exemptions.   |
|       | Tax refunds owed to you  ✓ No  ☐ Yes. Give specific information   |   | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   |  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years   | y, spousal support, child support, maintenance, div   | State:  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  |   | State:  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   | State:  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  |   | State:  Local:  rorce settlement, property settlemen   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   | State:  Local:  rorce settlement, property settlement  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00                               |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   | State:  Local:  rorce settlement, property settlement  Alimony:  Maintenance:  Support:                                      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00        |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   | State: Local:  rorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:                      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimon ✓ No  Yes. Give specific information  |   | State:  Local:  rorce settlement, property settlement  Alimony:  Maintenance:  Support:                                      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00        |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimon  ✓ No  Yes. Give specific information  Other amounts someone owes you Examples: Unpaid wages, disability insur                                    | y, spousal support, child support, maintenance, div   | State: Local:  Porce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimon  ✓ No  Yes. Give specific information  Other amounts someone owes you Examples: Unpaid wages, disability insur                                    | y, spousal support, child support, maintenance, div   | State: Local:  Porce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimon  ✓ No  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insur Social Security benefits; unpaid | y, spousal support, child support, maintenance, div   | State: Local:  Porce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimon  ✓ No  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insur Social Security benefits; unpa   | y, spousal support, child support, maintenance, div   | State: Local:  Porce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Sapphire T   | Robinson                                 | Case number (if known)                         |                                      |
|------|--|--|--|--------------------------------------|
|      | First Name Middle Name   | e Last Name                              |  |                                      |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life insurance; he         | ealth savings account (HSA); credit, hom | neowner's, or renter's insurance               |                                      |
|      | No  ✓ Yes. Name the insurance company  | Company name:                            | Beneficiary:                                   | Surrender or refund value:           |
|      | of each policy and list its value  | Term Life Insurance with Primerica       |  | \$0.00                               |
|      |  |  |  |                                      |
| 32.  | Any interest in property that is due you from  | someone who has died                     |  |                                      |
|      | If you are the beneficiary of a living trust, expect property because someone has died.      |  | or are currently entitled to receive           |                                      |
|      | ✓ No ✓ Yes. Describe   |  |  |                                      |
|      | Tes. Describe  |  |  |                                      |
| 33.  | Claims against third parties, whether or not Examples: Accidents, employment disputes, ins   |  | lemand for payment                             |                                      |
|      | Ves. Describe  |  |  |                                      |
| 34.  | Other contingent and unliquidated claims of to set off claims                                | f every nature, including counterclai    | ims of the debtor and rights                   |                                      |
|      | ✓ No   |  |  |                                      |
|      | Yes. Describe  |  |  |                                      |
| 35.  | Any financial assets you did not already list  |  |  |                                      |
|      | ✓ No  Yes. Describe  |  |  |                                      |
|      |  |  |  |                                      |
| 36.  | Add the dollar value of all of your entries fro  |  |  | \$450.00                             |
|      |  |  |  |                                      |
| Part | 5: Describe Any Business-Related Pr  | operty You Own or Have an Inte           | erest In. List any real estate in Part 1       | l.                                   |
| 37.  | Do you own or have any legal or equitable in   | nterest in any business-related prope    |  |                                      |
|      | No. Go to Part 6.  |  | ро   | rrent value of the rtion you own?    |
|      | Yes. Go to line 38.  |  |  | not deduct secured claims exemptions |
| 38.  | Accounts receivable or commissions you al  | ready earned                             |  |                                      |
|      | ✓ No Yes. Describe   |  |  |                                      |
| 39.  | Office equipment, furnishings, and supplies<br>Examples: Business-related computers, softwar | re, modems, printers, copiers, fax mach  | ines, rugs, telephones, desks, chairs, electro | onic devices                         |
|      | ✓ No  Yes. Describe  |  |  |                                      |
|      |  |  |  |                                      |

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| Deb   | tor 1 Sapphire                       | T Robinson   | Case number (if known)                |                              |
|-------|--------------------------------------|--|---------------------------------------|------------------------------|
|       | First Name                           | Middle Name Last Name                                |                                       |                              |
| 40.   | Machinery, fixtures, equipm          | nent, supplies you use in business, and tools        | of your trade                         |                              |
|       | □ Na                                 |  |                                       |                              |
|       | ✓ No                                 |  |                                       |                              |
|       | Yes. Describe                        |  |                                       |                              |
|       |                                      |  |                                       |                              |
|       |                                      | <del>_</del>   |                                       |                              |
| 41.   | Inventory                            |  |                                       |                              |
|       | No No                                |  |                                       |                              |
|       |                                      |  |                                       |                              |
|       | Yes. Describe                        |  |                                       |                              |
|       |                                      |  |                                       |                              |
|       |                                      | <del>_</del>   |                                       |                              |
| 42.   | Interests in partnerships or         | joint ventures                                       |                                       |                              |
|       | ✓ No                                 |  |                                       |                              |
|       |                                      | Name of entity:                                      | % of ownership:                       |                              |
|       | Yes. Give specific information about |  |                                       |                              |
|       | them                                 |  |                                       |                              |
|       | arom                                 |  |                                       |                              |
|       |                                      |  |                                       | <del>-</del>                 |
|       |                                      |  |                                       |                              |
| 43. ( | Customer lists, mailing lists,       | or other compilations                                |                                       |                              |
|       | □ Na                                 |  |                                       |                              |
|       | ✓ No                                 |  |                                       |                              |
|       | Yes. Do your lists include           | e personally identifiable information (as defined in | n 11 U.S.C. § 101(41A))?              |                              |
|       | <u> </u>                             |  |                                       |                              |
|       | ☐ No                                 |  |                                       |                              |
|       | Yes. Describe                        |  |                                       |                              |
|       | _                                    |  |                                       |                              |
| 44.   | Any business-related prope           | rty you did not already list                         |                                       |                              |
|       | <b>√</b> No                          |  |                                       |                              |
|       | $ldsymbol{ldsymbol{ldsymbol{eta}}}$  |  |                                       |                              |
|       | Yes. Give specific                   |  |                                       |                              |
|       | information                          | ·  |                                       | <del></del>                  |
|       |                                      |  |                                       |                              |
|       |                                      | ·  |                                       | <del></del>                  |
|       |                                      |  |                                       |                              |
|       |                                      |  |                                       |                              |
|       |                                      |  |                                       | <del></del>                  |
|       |                                      |  |                                       |                              |
|       |                                      | -  |                                       | <del></del>                  |
|       |                                      |  |                                       |                              |
|       |                                      | your entries from Part 5, including any entrie       |                                       |                              |
| O F   | art 3. Write that humber here        | <i>□</i>   |                                       |                              |
|       | Describe Any Farm-                   | and Commercial Fishing-Related Pro                   | nerty You Own or Have an Interest In  |                              |
| Part  |                                      | est in farmland, list it in Part 1.                  | porty roa own or riavo an intoroot in |                              |
|       | ,                                    |  |                                       |                              |
| 46.   | Do you own or have any leg           | gal or equitable interest in any farm- or com        | mercial fishing-related property?     |                              |
|       | No. Go to Part 7.                    |  |                                       | Current value of the         |
|       | <u> </u>                             |  |                                       | portion you own?             |
|       | Yes. Go to line 47.                  |  |                                       | Do not deduct secured claims |
|       |                                      |  |                                       | or exemptions                |
| 47.   | Farm animals                         |  |                                       |                              |
|       | Examples: Livestock, poultry,        | tarm-raised fish                                     |                                       |                              |
|       | <b>✓</b> No                          |  |                                       |                              |
|       |                                      |  |                                       |                              |
|       | Yes. Describe                        |  |                                       |                              |
|       |                                      |  |                                       |                              |
|       |                                      |  |                                       |                              |

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| Debt         | or 1 Sapphire T  |                          | Robinson                | Case number (if known)       |              |
|--------------|--|--------------------------|-------------------------|------------------------------|--------------|
|              |  | ddle Name                | Last Name               |                              |              |
| 48.          | Crops-either growing or harvested  |                          |                         |                              |              |
|              | <b>✓</b> No  |                          |                         |                              |              |
|              | Yes. Describe  |                          |                         |                              |              |
|              | Tes: Bescribe  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
| 49.          | Farm and fishing equipment, implement                                      | ents. machinery. fixtu   | res, and tools of trade |                              |              |
|              |  |                          | ,                       |                              |              |
|              | ✓ No   |                          |                         |                              |              |
|              | Yes. Describe  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              | Farm and fishing assembles absorbed  |                          |                         |                              |              |
| 50.          | Farm and fishing supplies, chemicals                                       | s, and teed              |                         |                              |              |
|              | <b>✓</b> No  |                          |                         |                              |              |
|              | Yes. Describe  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
| 51.          | Any farm- and commercial fishing-re  | lated property you did   | not already list        |                              |              |
|              | <b>✓</b> No  |                          |                         |                              |              |
|              | Yes. Describe  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              | databas datas salas agratuages as a salas                                  | D. d. A. L. d.           |                         |                              |              |
|              | dd the dollar value of all of your entrie<br>art 6. Write that number here |                          |                         | you nave attached            |              |
| <b>•</b>     | are of write that hamber here  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              | December All Brown and West Oct  |                          | ! Th t V : D! - ! A     | Lad Lind Alicens             |              |
| Part         |  |                          |                         | IOI LISI ADOVE               |              |
| 53.          | Do you have other property of any kir                                      |                          | list?                   |                              |              |
|              | Examples: Season tickets, country club                                     | membersnip               |                         |                              |              |
|              | ✓ No   |                          |                         |                              |              |
|              | Yes. Give specific   |                          |                         |                              |              |
|              | information  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
| - 4 .        | dd tha dallau wales af all af ween autoba                                  |                          |                         | ,                            |              |
| 54. A        | dd the dollar value of all of your entrie                                  | es from Part 7. Write tr | iat number nere         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              |              |
| Dout         | List the Totals of Each Part o   | f this Earm              |                         |                              |              |
| Part         | List the Totals of Each Part of  | i ulis Fortii            |                         |                              |              |
| 55 <b>I</b>  | Part 1: Total real estate, line 2  |                          |                         | •                            |              |
| 00.1         | art ir rotal roal octato, mio 2  |                          |                         |                              |              |
| 56 r         | part 2 total vehicles, line 5  |                          | *                       |                              |              |
|              |  |                          | \$12125.00              |                              |              |
| 57. <b>P</b> | art 3: Total personal and household it                                     | ems, line 15             | \$1160.00               |                              |              |
| 58. <b>P</b> | art 4: Total financial assets, line 36                                     |                          | \$450.00                |                              |              |
| 50 1         | Part 5: Total business-related property                                    | , line 45                | ψ 100.00                |                              |              |
| 59. r        | -art 5. Total business-related property                                    | y, lille 45              |                         |                              |              |
| 60. <b>I</b> | Part 6: Total farm- and fishing-related                                    | property, line 52        |                         |                              |              |
| 61. <b>I</b> | Part 7: Total other property not listed,                                   | line 54                  |                         |                              |              |
| 62. 1        | Total personal property. Add lines 56 th                                   | rough 61                 | . ¢12725 00             |                              | , ¢10705 00  |
|              |  |                          | \$13735.00              | Copy personal property total | + \$13735.00 |
|              |  |                          |                         |                              |              |
|              |  |                          |                         |                              | \$13735.00   |
| 63. <b>T</b> | otal of all property on Schedule A/B. A                                    | Add line 55 + line 62    |                         |                              |              |

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| Debtor 1 | Sapphire   | T           | Robinson  | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | First Name | Middle Name | Last Name |                        |  |

#### Schedule A/B: Property. Additional page

| Part 3: Describe | Part 3: Describe Your Personal and Household Items                |  |  |  |  |  |
|------------------|---|--|--|--|--|--|
| Do you own or ha | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |  |
| 7.2. Electronics |   |  |  |  |  |  |
| No               |   |  |  |  |  |  |
| Yes. Describe    | Used Electronics (1 tv, 1 cell phone)                             | \$100.00   |  |  |  |  |

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|   | Case 10-22.   |   |  | e 21 of 78   | лэ.30.33 D  | esc Main                                     |
|---|---|---|--|--|---|--|
| Fill in this info                                       | rmation to identify your  | case:   |  |  |   |  |
| Debtor 1  | Sapphire  | Т   | Robinson   |  |   |  |
| Dalatano  | First Name  | Middle Name   | Last Name  |  |   |  |
| Debtor 2<br>(Spouse, if filing)                         | First Name  | Middle Name   | Last Name  |  |   |  |
| United States   | Bankruptcy Court for the  | e: Northern   | District of Illinois   |  |   |  |
| Case number   |   |   | (State)  |  |   |  |
| (If known)  |   |   |  |  |   |  |
| Official  | Form 106C   | ,   |  |  |   | Check if this is an amended filing           |
|   |   | -   | o Cyampt   |  |   | 2442   |
|   |   | perty You Claim   | <b>-</b>   |  |   | 04/16  |
| information.<br>as exempt. If                           | Using the property y more space is neede  | ossible. If two married perou listed on <i>Schedule A</i><br>ed, fill out and attach to tle<br>e and case number (if kno                          | /B: Property (Official his page as many cop                                  | orm 106A/B) as you   | r source, list the                                      |  |
| state a spec<br>the amount<br>tax-exempt<br>under a law | eific dollar amount a<br>of any applicable st<br>retirement funds—r<br>that limits the exem | laim as exempt, you mus exempt. Alternatively, atutory limit. Some exemay be unlimited in dollantion to a particular do d to the applicable statu | you may claim the temptions—such as the ar amount. Howevellar amount and the | ull fair market value<br>ose for health aids,<br>, if you claim an exe | of the property<br>rights to receive<br>emption of 100% | being exempted up to e certain benefits, and |
| Part 1: Ide   | ntify the Property Yo   | ou Claim as Exempt  |  |  |   |  |
| 1. Which s  | et of exemptions are yo   | ou claiming? Check one only   | y, even if your spouse is  | filing with you.   |   |  |
| ✓ You   | ı are claiming state and  | federal nonbankruptcy ex  | emptions. 11 U.S.C. § s  | 22(b)(3)   |   |  |

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$500.00 description: **✓** \$500.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$100.00 description: \$100.00 Used Electronics (1 tv, 1 100% of fair market value, up to any cell phone) applicable statutory limit Line from 07 Schedule A/B: 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) **✓** No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

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 Debtor 1 First Name
 Sapphire First Name
 T
 Robinson Last Name
 Case number (if known)

| Brief description of the property and<br>line on Schedule A/B that lists this<br>property        | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption              |
|--|--|---|---|
|  | Copy the value from<br>Schedule A/B        |   |   |
| Brief description: Used Furniture (1 bed, 1 bed, 1 living room set, 1 dining room set) Line from | \$400.00                                   | \$400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)                           |
| Schedule A/B: 06  Brief description:  Nissan Sentra, 2017  Line from Schedule A/B: 03            | \$12,125.00                                | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
| Brief description: Term Life Insurance with Primerica Line from Schedule A/B: 31                 | \$0.00                                     | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(f)                           |
| Brief description: Used Electronics (1 tv, 1 cell phone) Line from Schedule A/B: 07              | \$100.00                                   | \$100.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)                           |
| Brief description:  Costume Jewelry (1 ring, earrings)  Line from Schedule A/B: 12               | \$60.00                                    | \$60.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)                           |
| Brief description: Cash on Hand Line from Schedule A/B: 16                                       | \$50.00                                    | \$50.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)                           |
| Brief description: Checking account, Bank of America Line from                                   | \$400.00                                   | \$400.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)                           |

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|                                |  | DU                         | Cument Page 23 01  | 10                                 |                     |                                  |
|--------------------------------|--|----------------------------|--|------------------------------------|---------------------|----------------------------------|
| Fill in this inf               | formation to identify your ca                  | ase:                       |  |                                    |                     |                                  |
| Debtor 1                       | Sapphire                                       | Т                          | Robinson   |                                    |                     |                                  |
| 20010.                         | First Name                                     | Middle Name                | Last Name  |                                    |                     |                                  |
| Debtor 2<br>(Spouse, if filing | ) <u>=:</u>                                    | M. I. II. M.               |  |                                    |                     |                                  |
| (Spouse, II IIIII)             | First Name                                     | Middle Name                | Last Name  |                                    |                     |                                  |
| United States                  | s Bankruptcy Court for the:                    | Northern                   | District of Illinois (State)   |                                    |                     |                                  |
| Case numbe                     | er   |                            | (State)  |                                    |                     |                                  |
| Officia                        | l Form 106D                                    |                            |  |                                    |                     | Check if this is a mended filing |
| Sched                          | lule D: Credite                                | ors Who Ha                 | ve Claims Secur  | ed by Prop                         | ertv                | 12/1                             |
|                                |  |                            | e are filing together, both are equ  |                                    |                     | rmation. If                      |
| more space                     |  |                            | nber the entries, and attach it to   |                                    |                     |                                  |
|                                | y creditors have claims s                      | ocured by your proper      | hu?  |                                    |                     |                                  |
| -                              | •  |                            | vith your other schedules. You ha  | ve nothing else to ren             | ort on this form    |                                  |
| =                              |  |                            | With your other schedules. Tourna  | ve nothing else to rep             | ort ort trits form. |                                  |
|                                | s. Fill in all of the information              | n below.                   |  |                                    |                     |                                  |
| Part 1: Li                     | st All Secured Claims                          |                            |  |                                    |                     |                                  |
|                                | Ill secured claims. If a credi                 |                            | ,  | Column A                           | Column B            | Column C                         |
|                                | <del>-</del>                                   |                            | ticular claim, list the other creditors order according to the creditor's  | Amount of claim  Do not deduct the | Value of collateral | Unsecured portion                |
| name                           |  | ·                          | , and the second | value of collateral.               | that supports       | If any                           |
|                                |  |                            |  |                                    | this claim          |                                  |
|                                | AN MOTOR ACCEPTANC or's Name                   | Describe the property      | that secures the claim:  | \$18,718.00                        | \$12,125.00         | \$6,593.00                       |
|                                | KINWEST PKWY                                   | 2017 Nissan Sentra         |  | ]                                  |                     |                                  |
| Nu                             | mber Street                                    | _                          | , the claim is: Check all that apply.  |                                    |                     |                                  |
|                                |  | Contingent                 |  |                                    |                     |                                  |
| IRVIN<br>City                  | IG TX 75063 State ZIP Code                     | Unliquidated               |  |                                    |                     |                                  |
| ,                              | owes the debt? Check one.                      | Disputed                   |  |                                    |                     |                                  |
| <b>✓</b> □                     | Debtor 1 only                                  | Nature of lien. Check a    | all that apply.  |                                    |                     |                                  |
|                                | Debtor 2 only Debtor 1 and Debtor 2 only       | An agreement you car loan) | made (such as mortgage or secured  |                                    |                     |                                  |
|                                | at least one of the debtors                    | Statutory lien (such       | as tax lien, mechanic's lien)  |                                    |                     |                                  |
|                                | nd another                                     | Judgment lien from         | ı a lawsuit  |                                    |                     |                                  |
|                                | Check if this claim relates o a community debt | Other (including a ri      | ght to offset)   |                                    |                     |                                  |
|                                | debt was <u>9/2017</u>                         | Last 4 digits of accou     | nt number0001  |                                    |                     |                                  |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$18,718.00

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|  | in this inforr  | nation to identify your c  | ase:   |   |  |                                       |   |   |
|--|---|--|--|---|--|---------------------------------------|---|---|
| Deb                                    | otor 1  | Sapphire<br>First Name   | T<br>Middle Name   | Robinson  |  |                                       |   |   |
| Doh                                    | otor 2  | First Name   | Middle Name  | Last Name   |  |                                       |   |   |
|  | use, if filing)   | First Name   | Middle Name  | Last Name   |  |                                       |   |   |
| Unit                                   | ted States B  | ankruptcy Court for the:   | Northern   | District of Illinois (State)  |  |                                       |   |   |
| Cas<br>(If kn                          | e number<br>own)  |  |  |   |  |                                       |   |   |
| Of                                     | ficial F  | orm 106E/F   |  |   |  |                                       | Check if this is a  | n amended filing                                  |
|  |   |  | ditors Who   | Have Uns  | secured Claim  | S                                     |   | 12/15   |
| othe<br>Form<br>clair<br>the e<br>know | r party to a<br>n 106A/B) a<br>ns that are<br>entries in th<br>vn). | any executory contracts<br>and on Schedule G: Exe<br>listed in Schedule D: C<br>ne boxes on the left. At | s or unexpired leases that<br>cutory Contracts and Uni<br>Creditors Who Hold Claim | t could result in a cl<br>expired Leases (Offic<br>s Secured by Proper        | laims and Part 2 for creditors<br>aim. Also list executory contra<br>sial Form 106G). Do not includ<br>ty. If more space is needed, co<br>the top of any additional page | cts on Scl<br>e any cred<br>py the Pa | hedule A/B: Pro<br>litors with parti<br>rt you need, fill | perty (Official<br>ally secured<br>it out, number |
| 1.                                     | -   | editors have priority un<br>Go to Part 2.  | secured claims against y   | you?  |  |                                       |   |   |
| 2.                                     | listed, ider<br>As much a<br>Continuati                             | itify what type of claim it<br>as possible, list the claims<br>on Page of Part 1. If mor                 | is. If a claim has both priori   | ity and nonpriority am<br>ding to the creditor's<br>particular claim, list th |  | w both pri                            | iority and nonprid  | ority amounts.                                    |
|  |   |  |  |   |  | Total                                 | Priority  | Nonpriority                                       |

claim

amount

amount

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Debtor 1 Sapphire Robinson Case number (if known) First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **V** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 BK OF AMER \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/2010 PO BOX 1598 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **NORFOLK** 23501 Virginia Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Credit Card - Notice Only Is the claim subject to offset? No Yes **CAPITALONE** \$0.00 Last 4 digits of account number 0088 Nonpriority Creditor's Name When was the debt incurred? 8/2010 PO BOX 30253 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SALT LAKE CITY Utah 84130 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only  $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Credit Card - Notice Only Is the claim subject to offset? **✓** No Yes City of Chicago - Dep't of Revenue 4.3 \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 88292 n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60608 Chicago Illinois City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **V** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Parking tickets and red light tickets Is the claim subject to offset? Offici Yes 106E/F Schedule E/F: Creditors Who Have Unsecured Claims page 2

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 Debtor 1 First Name
 Sapphire First Name
 T
 Robinson Last Name
 Case number (if known)

| Part : | Your NONPRIORITY Unsecured Claims - Continuation  | Page   |             |
|--------|---|--|-------------|
|        | After listing any entries on this page, number them beginning with  | th 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4    | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street  | Last 4 digits of account number 6449  When was the debt incurred? 11/2012  As of the date you file, the claim is: Check all that apply.  | \$3,862.00  |
|        | LINCOLN Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes   | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify   |             |
| 4.5    | DEPT OF EDUCATION/NELN  Nonpriority Creditor's Name  121 S 13TH ST  Number Street  LINCOLN Nebraska 68508  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Heat 4 digits of account number 7652  When was the debt incurred? 11/2013  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify | \$2,405.00  |
| 4.6    | DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street  LINCOLN Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes                    | When was the debt incurred? 11/2010  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | \$1,575.00  |

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 Debtor 1 First Name
 Sapphire First Name
 T
 Robinson Last Name
 Case number (if known)

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation              | on Page   |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.7    | DEPT OF EDUCATION/NELN  | — Last 4 digits of account number 7749  | \$945.00    |
|        | Nonpriority Creditor's Name<br>121 S 13TH ST                  | When was the debt incurred? 11/2010   |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | LINCOLN Nebraska 68508 City State Zip Code                    | Unliquidated  |             |
|        | Who incurred the debt? Check one.                             | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | ✓ Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or  |             |
|        | At least one of the debtors and another                       | divorce that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                               | Other. Specify  |             |
|        | ✓ No  | _   |             |
|        | Yes   |   |             |
| 4.8    | DIVERSIFIED CONSULTANT  | — Last 4 digits of account number 2499  | \$199.00    |
|        | Nonpriority Creditor's Name<br>10550 DEERWOOD PARK BLVD       | When was the debt incurred? 4/2018  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | — Contingent  |             |
|        |   | Unliquidated  |             |
|        | JACKSONVILLE Florida 32256 City State Zip Code                | _ <b>                                    </b>   |             |
|        | City State Zip Code  Who incurred the debt? Check one.        | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                       | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt               | Other. Specify Collecting For - ATT U-VERSE   |             |
|        | Is the claim subject to offset?                               |   |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |
| 4.9    | EASYPAY/DVRA  | Last 4 digits of account number M417  | \$0.00      |
|        | Nonpriority Creditor's Name<br>2701 LOKER AV WEST             | When was the debt incurred? 2/2011  |             |
|        | Number Street   | <u> </u>  |             |
|        |   | As of the date you file, the claim is: Check all that apply.  — Contingent                              |             |
|        |   |   |             |
|        | CARLSBAD California 92008                                     | Unliquidated  |             |
|        | City State Zip Code Who incurred the debt? Check one.         | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 only   | Student loans   |             |
|        | Debtor 2 only   | Obligations arising out of a separation agreement or  |             |
|        | Debtor 1 and Debtor 2 only                                    | divorce that you did not report as priority claims  |             |
|        | At least one of the debtors and another                       | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt               | Other. Specify Installment Loan - Notice Only   |             |
|        | Is the claim subject to offset?                               | _   |             |
|        | <b>✓</b> No   |   |             |
|        | Yes   |   |             |

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Debtor 1 Sapphire Robinson Case number (if known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 FIFTH THIRD \$21.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1725 N. Harlem Ave. Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60707 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Bank NSF Fees Is the claim subject to offset? No ◪ Yes J.B. ROBINSON JEWELERS \$0.00 Last 4 digits of account number \_ 6346 Nonpriority Creditor's Name When was the debt incurred? 12/2014 375 GHENT RD As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **FAIRLAWN** Ohio 44333 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Credit Card - Notice Only Is the claim subject to offset? **✓** No Yes MIDLAND FUNDING \$2,839.00 4.12 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2016 8875 AERO DR STE 200 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAN DIEGO California 92123 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other, Specify

Collecting For - SYNCHRONY

BANK

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Debtor 1 Sapphire Robinson Case number (if known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Navient \$4,382.00 Last 4 digits of account number 1201 Nonpriority Creditor's Name PO Box 8961 When was the debt incurred? 12/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent Madison 53708 Wisconsin Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.14 Saint Anthony Hospital \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 2875 West 19th Street When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60623 Chicago State Citv Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_

Past Due Medical Bills

Check if this claim relates to a community debt

Is the claim subject to offset?

✓ No Yes Case 18-22518 Doc 1 Filed 08/10/18 Entered 08/10/18 09:38:55 Desc Main Document Page 30 of 78

| Debtor   | 1 Sapphii                           |  | T<br>Middle Name   | Robinson<br>Last Name                              | Case number (if known)   |
|----------|-------------------------------------|--|--|--|--|
| Part 3:  |                                     | thers to Be Notified A                                 |  |  | d  |
| cc<br>cr | ollection<br>ollection<br>editors h | agency is trying to colle<br>agency here. Similarly, i | ct from you for a c<br>f you have more th<br>dditional persons | lebt you owe to someon<br>nan one creditor for any | or a debt that you already listed in Parts 1 or 2. For example, if a ne else, list the original creditor in Parts 1 or 2, then list the of the debts that you listed in Parts 1 or 2, list the additional ebts in Parts 1 or 2, do not fill out or submit this page. |
| N        | ame                                 |  |  | On which entry                                     | in Part 1 or Part 2 did you list the original creditor?  |
| _        |                                     | CKSON #600   |  | Line 4.3   | of (Check Part 1: Creditors with Priority Unsecured Claims   |
| N        | umber                               | Street   |  |  | one): Part 2: Creditors with Nonpriority Unsecured Claims  |
| С        | hicago                              | Illinois   | 60604  | Last 4 digits of                                   | account number   |
| C        | ity                                 | State  | Zip Code   |  |  |

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Debtor 1 Sapphire T Robinson Case number (if known)

| TIISLIVAI                | ivilidate Name Last Name   |        |                              |        |
|--------------------------|--|--------|------------------------------|--------|
| Part 4: Add th           | e Amounts for Each Type of Unsecured Claim   |        |                              |        |
|                          | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | for st | tatistical reporting purpose | es onl |
|                          |  |        | Total claims                 |        |
| Total claims from Part 1 | 6a. Domestic support obligations.  | 6a.    | \$0.00                       |        |
|                          | 6b. Taxes and certain other debts you owe the government   | 6b.    | \$0.00                       |        |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c.    | \$0.00                       |        |
|                          | 6d. Other. Add all other priority unsecured claims. Write that   | 6d.    | \$0.00                       |        |
|                          | amount here.   |        | \$0.00                       |        |
|                          | 6e. Total. Add lines 6a through 6d.  | 6e.    |                              |        |
|                          |  |        | Total claims                 |        |
| Total claims from Part 2 | 6f. Student loans  | 6f.    | \$13,169.00                  |        |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g.    | \$0.00                       |        |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.    | \$0.00                       |        |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                   | 6i.    | \$5,459.00                   |        |
|                          | 6i Total Add lines 6f through 6i   | 6i     | \$18,628.00                  |        |

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| Fill in this infor        | mation to identify your c | ase:        |                              |
|---------------------------|---------------------------|-------------|------------------------------|
| Debtor 1                  | Sapphire                  | Т           | Robinson                     |
|                           | First Name                | Middle Name | Last Name                    |
| Debtor 2                  |                           |             |                              |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    |
| United States B           | ankruptcy Court for the:  | Northern    | District of Illinois (State) |
| Case number<br>(If known) |                           |             | (Giate)                      |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this infor                        | mation to identify your c   | ase:   |   |   |
|---|---|--|---|---|
| Debtor 1                                  | Sapphire  | Т  | Robinson  |   |
|   | First Name  | Middle Name  | Last Name   |   |
| Debtor 2<br>(Spouse, if filing)           | First Name  | Middle Name  | Last Name   |   |
|   |   |  |   |   |
| United States E                           | Sankruptcy Court for the:   | Northern   | District of Illinois (State)                          |   |
| Case number                               |   |  | (Otato)   |   |
| (If known)                                |   |  |   |   |
|   |   |  |   | Check if this is an amended filing  |
| Official                                  | Form 106H   |  |   | g   |
| Official                                  | 1 01111 10011   |  |   |   |
| <b>Schedul</b>                            | e H: Your Cod   | lebtors  |   | 12/15   |
| No Yes  2. Within the Idaho, Loi No. Yes. | e last 8 years, have you<br>uisiana, Nevada, New Mex<br>Go to line 3.<br>Did your spouse, forme | <b>lived in a community pro</b><br>kico, Puerto Rico, Texas, W | perty state or territory? (ashington, and Wisconsin.) | Community property states and territories include Arizona, California,  |
|   | No  |  |   |   |
| ш   | Yes. In which communit  | y state or territory did yo                                    | u live?   | _ Fill in the name and current address of that person.  |
|   | Name of your spouse, f  | ormer spouse, or legal equ                                     | ivalent   | <u> </u>  |
|   | Number Street   |  |   |   |
|   | City  | State  | Zip Code  | 3   |
|   | •   |  | •   | your spouse is filing with you. List the person shown in line 2 ave listed the creditor on Schedule D (Official Form 106D), |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this ir                | nformation to identify   | your case:   |                         |                |                |                |  |  |  |
|--------------------------------|--|--|-------------------------|----------------|----------------|----------------|--|--|--|
| Debtor 1                       | Sapphire<br>First Name   | T<br>Middle Name   | Robin<br>Last N         |                |                | Che            | ck if this is:   |  |  |
| Debtor 2<br>(Spouse, if filing | g) First Name  | Middle Name  | Last N                  | ame            |                |                | An amended filing  |  |  |
| United States the: Case numbe  | s Bankruptcy Court for   | Northern   | _ District of III<br>(S | nois<br>State) |                |                | A supplement showing post-petition chapter 10 expenses as of the following date: |  |  |
| (If known)                     | ' <u></u>  |  |                         |                |                | i              | MM / DD / YYYY   |  |  |
| Official                       | Form 106I  |  |                         |                |                |                |  |  |  |
| Schedu                         | ıle I: Your In   | come   |                         |                |                |                | 12/1   |  |  |
| spouse. If m<br>number (if k   |  | , attach a separate she<br>y question.                     |                         |                | _              |                | not include information about your<br>onal pages, write your name and case       |  |  |
| Fill in yo informat            | ur employment  |  | Debtor 1                |                |                |                | Debtor 2   |  |  |
| If you ha                      | ve more than one job,<br>separate page with<br>on about additional | Employment status  Occupation                              | Emplo                   | nploy          |                |                | Employed  Not Employed   |  |  |
|                                | art time, seasonal, or oyed work.                                  | Employer's name  |                         |                |                |                |  |  |  |
| •                              | Occupation may include student or homemaker, if it applies.        |  | Number St               | per Street     |                |                | Number Street  |  |  |
|                                |  | How long employed  | City                    |                | State          | Zip Code       | City State Zip Code  |  |  |
|                                |  | there?   |                         |                |                |                |  |  |  |
| Part 2: Gi                     | ve Details About N   | onthly Income  |                         |                |                |                |  |  |  |
|                                | nonthly income as of t<br>ess you are separated.                   | he date you file this form                                 | <b>n.</b> If you have   | nothi          | ng to report 1 | or any line, v | vrite \$0 in the space. Include your non-filing                                  |  |  |
|                                | ur non-filing spouse have<br>e, attach a separate she              |  | combine the             | inforr         |                |                | r that person on the lines below. If you need                                    |  |  |
|                                |  | ary, and commissions (befo<br>, calculate what the monthly |                         | 2.             | For Deb        | \$0.00         | For Debtor 2 or non-filing spouse  |  |  |
| 3. Estima                      | te and list monthly over   | time pay.  |                         | 3.             |                | + \$0.00       |  |  |  |
| 4. Calcul                      | ate gross income. Add li   | ne 2 + line 3.   |                         | 4.             |                | \$0.00         |  |  |  |

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| Deb           | for 1Sapphire<br>First Name  | I<br>Middle Name   | Last Name        | Case numbe<br>known)      | er <i>(if</i>                     |       |                         |
|---------------|--|--|------------------|---------------------------|-----------------------------------|-------|-------------------------|
|               | Thot Name  | made Name  | Last Hamo        | For Debtor 1              | For Debtor 2 or non-filing spouse |       |                         |
| Co            | opy line 4 here  |  | <b>→</b> 4.      | \$0.00                    |                                   | 1     |                         |
|               | st all payroll dedu  |  |                  |                           |                                   |       |                         |
|               |  | and Social Security deductions   | 5a.              | \$0.00                    |                                   |       |                         |
| 5             | b. <b>Mandatory con</b>  | tributions for retirement plans  | 5b.              | \$0.00                    |                                   |       |                         |
| 5             | c. Voluntary cont  | ributions for retirement plans   | 5c.              | \$0.00                    |                                   |       |                         |
| 5             | d. Required repay  | ments of retirement fund loans   | 5d.              | \$0.00                    |                                   |       |                         |
| 5             | e. Insurance   |  | 5e.              | \$0.00                    |                                   |       |                         |
| 5             | f. Domestic suppo  | ort obligations  | 5f.              | \$0.00                    |                                   |       |                         |
|               | g. Union dues  | -  | 5g.              | \$0.00                    |                                   |       |                         |
| 5             | h. Other deduction   | ons. Specify:  | _                | + \$0.00                  |                                   |       |                         |
|               | dd the payroll dec   | <b>luctions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5   | <del></del> '    | \$0.00                    |                                   |       |                         |
| 7. <b>C</b> a | alculate total mo  | nthly take-home pay. Subtract line 6 from lin  | e 4. 7.          | \$0.00                    |                                   |       |                         |
| 8. <b>L</b> i | st all other incom   | ne regularly received:   |                  |                           |                                   |       |                         |
| 8             | business, profe  | -  |                  |                           |                                   |       |                         |
|               |  | ent for each property and business showing<br>ordinary and necessary business expenses, and<br>or net income.  | d<br>8a.         | \$1,389.64                |                                   |       |                         |
| 8             | b. Interest and di   |  | 8b.              | \$0.00                    |                                   |       |                         |
| 8             | c. Family support dependent reg  | payments that you, a non-filing spouse, or ularly receive  | r a              |                           |                                   |       |                         |
|               |  | spousal support, child support, maintenance nt, and property settlement.   | e,<br>8c.        | \$0.00                    |                                   |       |                         |
| 8             | d. <b>Unemployment</b>   | compensation   | 8d.              | \$0.00                    |                                   |       |                         |
| 8             | e. Social Security   |  | 8e.              | \$0.00                    |                                   |       |                         |
| 8             | Include cash ass cash assistance tunder the Supple housing subsidie Specify: | ent assistance that you regularly receive istance and the value (if known) of any non-that you receive, such as food stamps (benefit emental Nutrition Assistance Program) or es | s<br>8f.         | \$350.0 <u>0</u>          |                                   |       |                         |
| 8             | g. Pension or reti   | rement income  | 8g.              | \$0.00                    |                                   |       |                         |
| 8             | h. Other monthly   | income. Specify:   | 8h.              | + \$0.00                  | +                                 |       |                         |
| 9. <b>A</b> d | dd all other incon   | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g   | + 8h. 9.         | \$1,739.64                |                                   | ]     |                         |
|               | •  | income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing s  | 10.<br>spouse    | \$1,739.64                | +                                 | =     | \$1,739.64              |
| Ir<br>fr      | nclude contribution<br>iends or relatives.                                   | gular contributions to the expenses that your strom an unmarried partner, members of you amounts already included in lines 2-10 or amounts                                       | r household, yo  | our dependents, your room | ,                                 |       |                         |
|               | pecify:  | -  |                  | . ,                       |                                   | 11. + | \$0.00                  |
|               |  | n the last column of line 10 to the amount<br>n the <i>Summary of Schedules and Statistical St</i>   |                  |                           |                                   | 12.   | \$1,739.64              |
|               |  |  |                  |                           |                                   | •     | Combined monthly income |
| 13. [         | Oo you expect an   | increase or decrease within the year after   | you file this fo | orm?                      |                                   |       |                         |
|               | Yes. Explain:  |  |                  |                           |                                   |       |                         |
| _             |  |  |                  |                           |                                   |       |                         |

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| Debtor 1Sapphire First Name  Official Form 1061. Ac | T<br>Middle Name<br>Iditional page. | Robii<br>Last  | nson<br>Name |              | Case number (if known) |   |  |
|---|-------------------------------------|----------------|--------------|--------------|------------------------|---|--|
| 8a.Net income from rental prop                      | perty and from operating            | a business, pi | ofession, or | farm         |                        |   |  |
| 8a.1 Self Employment (Uber)                         |                                     | Debtor 1       | Debtor 2     |              |                        |   |  |
| Gross receipts (before all dedu                     | uctions)                            | \$1,089.64     |              |              |                        |   |  |
| Ordinary and necessary opera                        | ting expenses                       | -\$0.00        |              |              |                        |   |  |
| Net monthly income from a b farm                    | usiness, profession, or             | \$1,089.64     |              | Copy<br>here | \$1,089.64             | - |  |

| \$1,089.64 |  |  |                     |                            |
|------------|--|--|---------------------|----------------------------|
| -\$0.00    |  |  |                     |                            |
| \$1,089.64 |  | Copy<br>here   | \$1,089.64          |                            |
| Debtor 1   | Debtor 2   |  |                     |                            |
| \$300.00   |  |  |                     |                            |
| -\$0.00    |  |  |                     |                            |
| \$300.00   |  | Copy<br>here   | \$300.00            |                            |
|            | -\$0.00<br>\$1,089.64<br>Debtor 1<br>\$300.00<br>-\$0.00 | -\$0.00 -<br>\$1,089.64 Debtor 2<br>\$300.00 -<br>\$0.00 - | -\$0.00 - Copy here | -\$0.00 - Copy  \$1,089.64 |

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|                                    |                     | Docu   | ment Page 37 of 78   | 3                            |                                      |              |
|------------------------------------|---------------------|--|--|------------------------------|--------------------------------------|--------------|
| Fill in this infor                 | mation to identify  | your case:   |  |                              |                                      |              |
| Debtor 1                           | Sapphire            | Т  | Robinson   |                              |                                      |              |
| Debtor 2                           | First Name          | Middle Name  | Last Name  | Check if this is:            |                                      |              |
| (Spouse, if filing)                | First Name          | Middle Name  | Last Name  | An amended filir             | ng                                   |              |
| United States E                    | Sankruptcy Court fo | or the: Northern [   | District of Illinois   |                              | howing post-pet<br>the following dat |              |
| Case number                        |                     |  | (State)  |                              |                                      |              |
| (If known)                         |                     |  |  | MM / DD / YYYY               | 1                                    |              |
| Official                           | Form 106            | <u>6J</u>  |  |                              |                                      |              |
| Schedul                            | e J: Your l         | Expenses   |  |                              |                                      | 12/15        |
| information. If (if known). Ans    |                     |  |  |                              |                                      | number       |
| 1. Is this a joi                   | nt case?            |  |  |                              |                                      |              |
| ✓ No. Go                           | to line 2           |  |  |                              |                                      |              |
| Yes. De                            | oes Debtor 2 live   | in a separate household?   |  |                              |                                      |              |
|                                    | No                  |  |  |                              |                                      |              |
|                                    | Yes. Debtor 2 n     | nust file Official Forms 106J-2, Expen   | ses for Separate Household of Debi                           | or 2.                        |                                      |              |
| 2. Do you hav                      | e dependents?       | No   |  |                              |                                      |              |
| Do not list D<br>Debtor 2.         | lebtor 1 and        | Yes. Fill out this information for each dependent                              | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's<br>age<br>1 year | Does depend with you?                | dent live    |
| 3 Do your eyr                      | enses include       |  |  |                              | ✓ Yes.                               |              |
| expenses of                        | f people other      | <b>✓</b> No  |  |                              |                                      |              |
| than<br>yourself and<br>dependents | •                   | Yes  |  |                              |                                      |              |
| Part 2: Estil                      | mate Your Ong       | oing Monthly Expenses  |  |                              |                                      |              |
|                                    | of a date after the | rour bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup  |  |                              | -                                    |              |
|                                    | •                   | non-cash government assistance i<br>uded it on <i>Schedule I: Your Incom</i> e | -  |                              | Yo                                   | our expenses |
|                                    | or home owners      | hip expenses for your residence. In<br>t. 4.                                   | clude first mortgage payments and                            |                              | 4.                                   | \$500.00     |
|                                    | uded in line 4:     |  |  |                              |                                      |              |
| 4a. Real es                        | state taxes         |  |  |                              | 4a                                   | \$0.00       |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Sapphire T Robinson Case number (if known)
First Name Middle Name Last Name

| First Name Middle Name Last Name   |     |               |
|--|-----|---------------|
|  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans                            | 5.  | \$0.00        |
| 6. Utilities:  |     |               |
| 6a. Electricity, heat, natural gas   | 6a. | \$100.00      |
| 6b. Water, sewer, garbage collection   | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                       | 6c. | \$140.00      |
| 6d. Other. Specify:  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  | 7.  | \$350.00      |
| 8. Childcare and children's education costs  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   | 9.  | \$30.00       |
| 10. Personal care products and services  | 10. | \$14.00       |
| 11. Medical and dental expenses  | 11. | \$0.00        |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments     | 12. | \$90.00       |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| 14. Charitable contributions and religious donations   | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.      |     |               |
| 15a. Life insurance  | 15a | \$0.00        |
| 15b. Health insurance  | 15b | \$0.00        |
| 15c. Vehicle insurance   | 15c | \$50.00       |
| 15d. Other insurance. Specify:   | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.              |     |               |
| Specify:   | 16  | \$0.00        |
| 17. Installment or lease payments:   |     |               |
| 17a. Car payments for Vehicle 1  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17c. Other. Specify:   | 17c | \$0.00        |
| 17d. Other. Specify:   | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from          |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18. |               |
| 19.Other payments you make to support others who do not live with you.  Specify:                         | 19. | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19. | \$0.00        |
| 20a. Mortgages on other property   | 20a | \$0.00        |
| 20b. Real estate taxes.  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues   |     |               |

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| Debtor 1        |          |                            | Т                   | Robinson  | Case number (if known) |     |            |
|-----------------|----------|----------------------------|---------------------|---|------------------------|-----|------------|
|                 | First Na | ime                        | Middle Name         | Last Name   |                        |     |            |
| 21. <b>Othe</b> | r. Speci | ify:                       |                     |   |                        | 21  | \$0.00     |
| 00.0.1          |          |                            |                     |   |                        |     |            |
|                 | -        | our monthly expenses.      |                     |   |                        |     | \$1,274.00 |
|                 |          | es 4 through 21.           |                     |   |                        |     | \$0.00     |
|                 |          | ne 22 (monthly expenses    |                     |   | \$1,274.00             |     |            |
| 22c. /          | Add line | 22a and 22b. The result    | is your monthly exp | enses.  |                        | 22. |            |
| 23.Calcu        | ılate yo | our monthly net income     | ٠.                  |   |                        |     |            |
| 23a. (          | Copy lir | ne 12 (your combined mo    | onthly income) from | Schedule I.   |                        | 23a | \$1,739.64 |
| 23b.            | Сору у   | our monthly expenses fro   | m line 22 above.    |   |                        | 23b | \$1,274.00 |
| 23c. S          | Subtrac  | t your monthly expenses    | from your monthly i | ncome.  |                        |     | \$465.64   |
|                 | The res  | ult is your monthly net in | come.               |   |                        | 23c |            |
| mort            |          |                            |                     | oan within the year or do y<br>nodification to the terms of |                        |     |            |
|                 |          |                            |                     |   |                        |     |            |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Sapphire                  | Т           | Robinson                     |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number                                     |                           |             |                              |  |  |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below   |  |  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |  |  |  |  |  |  |  |  |
|     | <b>✓</b> No   |  |  |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct.  | and schedules filed with this declaration and  |  |  |  |  |  |  |  |
| ×   | /s/ Sapphire Robinson   | ×  |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2  |  |  |  |  |  |  |  |
|     | Date 8/10/2018  | Date   |  |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY   |  |  |  |  |  |  |  |

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| Fill in this in                | formation to identify your c   | ase:                         |                           |                   |          |          |                      |
|--------------------------------|--|------------------------------|---------------------------|-------------------|----------|----------|----------------------|
| Debtor 1                       | Sapphire   | Т                            | Robinson                  |                   |          |          |                      |
|                                | First Name   | Middle N                     |                           |                   |          |          |                      |
| Debtor 2<br>(Spouse, if filing | First Name   | Middle N                     | ame Last Nam              | <u>e</u>          |          |          |                      |
| United State                   | s Bankruptcy Court for the:  | Northern                     | District of Illino        |                   |          |          |                      |
| Case number                    | er   |                              | (Stat                     | a)<br>            |          |          |                      |
| (If known)                     |  |                              |                           |                   |          |          | Check if this is a   |
| <u>Officia</u>                 | l Form 107   |                              |                           |                   |          |          | amended filing       |
| Statem                         | ent of Financia  | l Affairs fo                 | or Individuals            | Filing for        | Bankru   | ıptcy    | 04/1                 |
| information<br>number (if I    | olete and accurate as pos<br>n. If more space is neede<br>known). Answer every qu                | d, attach a sepa<br>uestion. | rate sheet to this form   | . On the top of   |          |          |                      |
| Part 1: Gi                     | ive Details About Your   | Marital Status               | and Where You Lived       | Before            |          |          |                      |
| 1. What                        | is your current marital sta  | tus?                         |                           |                   |          |          |                      |
|                                | Married  |                              |                           |                   |          |          |                      |
| <b>✓</b> N                     | Not married  |                              |                           |                   |          |          |                      |
| 2. Durin                       | g the last 3 years, have yo  | u lived anywhere             | other than where you liv  | re now?           |          |          |                      |
| N Y                            | No Yes. List all of the places you Debtor 1:   | u lived in the last          | 3 years. Do not include v | where you live no | DW.      |          | Dates Debtor 2 lived |
|                                |  |                              | there                     |                   |          |          | there                |
|                                |  |                              |                           | Same as           | Debtor 1 |          | Same as Debtor 1     |
| _                              | 1310 W. 14th St.   |                              | From 2011                 | Nh Ol             |          |          | From                 |
|                                | Number Street<br>43  |                              | To 2017                   | Number Stree      | )T       |          | То                   |
|                                | Chicago Illinois   | 60623                        |                           |                   |          |          |                      |
| <u> </u>                       | Dity State   | Zip Code                     |                           | City              | State    | Zip Code |                      |
|                                |  |                              |                           | Same as           | Debtor 1 |          | Same as Debtor 1     |
| <u> </u>                       | Number Street  |                              | From                      | Number Stree      | et       |          | From                 |
| _                              |  |                              | To                        |                   |          |          | То                   |
| <u> </u>                       | 0  |                              |                           | 0''               | 0: :     |          |                      |
|                                | Dity State   | Zip Code                     |                           | City              | State    | Zip Code |                      |
| and ten                        | the last 8 years, did you exitories include Arizona, Califo<br>o<br>s. Make sure you fill out Sc | mia, Idaho, Louisi           | ana, Nevada, New Mexico,  | Puerto Rico, Tex  |          |          |                      |

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| Debtor       | 1 Sapphire T  | Robin   |  | number (if known)                                      |  |
|--------------|---|---|--|--|--|
|              | First Name Middl  | e Name Last N   | Name   |  |  |
| Part 2:      | Explain the Sources of Your In-   | come  |  |  |  |
| Fill         | d you have any income from employm in the total amount of income you receitivities. If you are filing a joint case and you not                                  | ved from all jobs and all bu                                      | isinesses, including part-time                                   |  | years?   |
|              |   | Debtor 1  |  | Debtor 2   |  |
|              |   | Sources of income<br>Check all that apply.                        |  |  | Gross income<br>(before deductions and<br>exclusions)            |
|              | From January 1 of current year until<br>he date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business            | \$5598.37  | Wages, commissions, bonuses, tips Operating a business |  |
|              | For last calendar year:  January 1 to December 31, 2017 )  YYYY   | Wages, commissions, bonuses, tips Operating a business            | \$20000.00   | Wages, commissions, bonuses, tips Operating a business |  |
|              | For the calendar year before that:  January 1 to December 31, 2016 )  YYYY  | Wages,<br>commissions,<br>bonuses, tips ☐ Operating a<br>business | \$20000.00   | Wages, commissions, bonuses, tips Operating a business |  |
| pul<br>filin | lude income regardless of whether that in blic benefit payments; pensions; rental in g a joint case and you have income that at each source and the gross income from No  Yes. Fill in the details. | come; interest; dividends;<br>you received together, list         | money collected from lawsuits it only once under Debtor 1.       | s; royalties; and gambling and                         |  |
|              |   | Debtor 1  |  | Debtor 2   |  |
|              |   | Sources of income<br>Describe below.                              | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|              | From January 1 of current year until<br>the date you filed for bankruptcy:  | Est. YTD LINK   | \$2,450.00   |  |  |
|              | For last calendar year: (January 1 to December 31, 2017 )  YYYY   | Est. 2017 LINK  | \$4,200.00   |  |  |
|              | For the calendar year before that: (January 1 to December 31, 2016) YYYY  | Est. 2016 LINK  | \$4,200.00   |  |  |
|              |   |   |  |  |  |

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Debtor 1 Sapphire Robinson Case number (if known) Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| or 1                | Sapphire  |                                       | T  |                                     | pinson                                       | Case number                                 | (if known)  |
|---------------------|---|---------------------------------------|--|-------------------------------------|--|---|---|
|                     | First Name  |                                       | Middle Name  | Last                                | Name   |   |   |
| nsio<br>orp<br>igei | ders include your rel<br>porations of which y           | atives; any<br>ou are an<br>a busines | general partners<br>officer, director, p<br>s you operate as | relatives of any gerson in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>            | No  |                                       | ,  |                                     |  |   |   |
| Ш                   | Yes. List all paym                                      | ents to an                            | insider.   | Dates of                            | Total amount                                 | Amount you                                  | Reason for this payment   |
|                     |   |                                       |  | payment                             | paid   | still owe                                   |   |
|                     | Insider's Name  |                                       |  |                                     |  |   |   |
|                     | Number Street   |                                       |  |                                     |  |   |   |
|                     | City S  | tate                                  | Zip Code   |                                     |  |   |   |
|                     | Insider's Name  |                                       |  |                                     |  |   |   |
|                     | Number Street   |                                       |  |                                     |  |   |   |
|                     |   |                                       |  |                                     |  |   |   |
|                     | City S  | tate                                  | Zip Code   |                                     |  |   |   |
| insi<br>Inclu       | der?<br>ude payments on de<br>No<br>Yes. List all payme | ebts guara                            | nteed or cosigned  | I by an insider.                    | Total amount paid                            | Amount you still owe                        | Reason for this payment  Include creditor's name  |
|                     | Insider's Name  |                                       |  |                                     |  |   |   |
|                     | Number Street   |                                       |  |                                     |  |   |   |
|                     | City S  | tate                                  | Zip Code   |                                     |  |   |   |
|                     | Insider's Name  |                                       |  |                                     |  |   |   |
|                     | Number Street   |                                       |  |                                     |  |   |   |
|                     |   |                                       |  |                                     |  |   |   |
|                     | City S  | tate                                  | Zip Code   |                                     |  |   |   |

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Debtor 1 Sapphire Robinson Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property 2017 Nissan Sentra \$12125 8/8/2018 NISSAN MOTOR ACCEPTANC Creditor's Name Explain what happened 2901 KINWEST PKWY Number Street Property was repossessed. Property was foreclosed. **IRVING** Texas 75063 Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debto  | or 1     | Sapphire                              | T  | Robinson                       | Case number (if known)          |                          |                    |
|--------|----------|---------------------------------------|--|--------------------------------|---------------------------------|--------------------------|--------------------|
|        |          | First Name                            | Middle Name  | Last Name                      |                                 |                          |                    |
|        |          |                                       | filed for bankruptcy, did<br>se a payment because yo |                                | ank or financial institution, s | et off any amou          | nts from your      |
|        | <b>✓</b> | No Yes. Fill in the details.          |  |                                |                                 |                          |                    |
|        | Ш        | Too. This is a food docume.           |  | Describe the action the        | creditor took                   | Date action was taken    | Amount             |
|        |          | Creditor's Name                       |  |                                |                                 |                          |                    |
|        |          | Number Street                         |  |                                |                                 |                          |                    |
|        |          |                                       |  | Last 4 digits of account n     | umber: XXXX-                    |                          |                    |
|        |          | City Stat                             | te Zip Code  |                                |                                 |                          |                    |
|        |          |                                       | led for bankruptcy, was<br>odian, or another officia |                                | ossession of an assignee for    | the benefit of o         | reditors, a court- |
| ļ      | <b>✓</b> | No                                    |  |                                |                                 |                          |                    |
| Part ! |          | Yes List Certain Gifts an             | nd Contributions                                     |                                |                                 |                          |                    |
|        | 4        |                                       |  |                                |                                 |                          |                    |
| 13.    | Wi       | thin 2 years before you               | i filed for bankruptcy, dic                          | I you give any gifts with a to | tal value of more than \$600    | per person?              |                    |
|        |          | No<br>Yes. Fill in the details        | for each gift.                                       |                                |                                 |                          |                    |
|        |          | Gifts with a total valu<br>per person | e of more than \$600                                 | Describe the gifts             |                                 | Dates you gave the gifts | Value              |
|        |          |                                       |  |                                |                                 |                          |                    |
|        |          | Person to Whom You G                  | Save the Gift  |                                |                                 |                          |                    |
|        |          | Number Street                         |  |                                |                                 |                          |                    |
|        |          | City Stat                             | •  |                                |                                 |                          |                    |
|        |          | Person's relationship to              | you  |                                |                                 |                          |                    |
|        |          | Person to Whom You G                  | Gave the Gift  |                                |                                 |                          |                    |
|        |          | Number Street                         |  |                                |                                 |                          |                    |
|        |          | City Stat Person's relationship to    | •  | •                              |                                 |                          |                    |

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| ebtor 1  | Sapphire                                    | Т                        | Robinson                           | Case number (if kno                     | wn)                   |                    |
|----------|---|--------------------------|------------------------------------|---|-----------------------|--------------------|
|          | First Name                                  | Middle Name              | Last Name                          |   |                       |                    |
|          | ukto o o o o boto o                         | Clark Control of the     |                                    | Proceedings and the second              |                       |                    |
| Wi       | thin 2 years before you                     | filed for bankruptcy,    | did you give any gifts or contribu | utions with a total value               | of more than \$600    | to any charity?    |
| ~        | No  |                          |                                    |   |                       |                    |
| F        | Yes. Fill in the details                    | for each gift or contrib | oution.                            |   |                       |                    |
| _        |   | -                        |                                    | the trade                               | B.11.                 | V-1 .              |
|          | Gifts or contributions that total more than |                          | Describe what you contr            | ributed                                 | Date you contributed  | Value              |
|          | that total more than                        | φουυ                     |                                    |   | Contributed           |                    |
|          |   |                          |                                    |   |                       |                    |
|          | Charity's Name                              |                          | _                                  |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | Number Street                               |                          |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | City Sta                                    | ate Zip Code             |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
| t 6:     | List Certain Losses                         | 5                        |                                    |   |                       |                    |
| ga       | mbling?                                     | filed for bankruptcy or  | since you filed for bankruptcy, o  | did you lose anything be                | cause of theft, fire, | other disaster, or |
| ✓        | No  |                          |                                    |   |                       |                    |
|          | Yes. Fill in the details.                   |                          |                                    |   |                       |                    |
|          | Describe the propert                        | y you lost and           | Describe any insurance             | coverage for the loss                   | Date of your          | Value of property  |
|          | how the loss occurre                        | ed                       | Include the amount that in         |   | loss                  | lost               |
|          |   |                          | pending insurance claims           | on line 33 of <i>Schedule</i>           |                       |                    |
|          |   |                          | A/B: Property.                     |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
| t 7:     | List Certain Payme                          |                          |                                    |   |                       |                    |
|          | No  |                          |                                    |   |                       |                    |
| <b>✓</b> | Yes. Fill in the details.                   |                          |                                    |   |                       |                    |
|          | •   |                          | Description and value of           | any property                            | Date payment          | Amount of          |
|          |   |                          | transferred                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | or transfer           | payment            |
|          |   |                          |                                    |   | was made              |                    |
|          | Semrad Law Firm                             |                          | Attorney's Fee - 175.00            |   | 8/9/2018              | \$175.00           |
|          | Person Who Was Paid                         |                          |                                    |   |                       |                    |
|          | 20 S. Clark Street                          |                          |                                    |   |                       |                    |
|          | Number Street                               |                          |                                    |   |                       |                    |
|          | 28th Floor                                  |                          |                                    |   |                       |                    |
|          | Chicago Illir                               | nois 60603               |                                    |   |                       |                    |
|          | City Sta                                    |                          |                                    |   |                       |                    |
|          | Oity Oit                                    | ate Zip Oode             |                                    |   |                       |                    |
|          | Email or website addre                      | ess                      |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | Person Who Made the                         | Payment, if Not You      |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | Person Who Was Paid                         |                          | _                                  |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | Number Street                               |                          |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | City Sta                                    | ate Zip Code             |                                    |   |                       |                    |
|          | -   |                          |                                    |   |                       |                    |
|          |   |                          |                                    |   |                       |                    |
|          | Email or website addre                      | ess                      |                                    |   |                       |                    |
|          | Email or website addre                      |                          | _                                  |   |                       |                    |

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|          | Sapphire   | ·                     |  | se number <i>(if known)</i> |                                    |                                   |
|----------|--|-----------------------|--|-----------------------------|------------------------------------|-----------------------------------|
|          | First Name   | Middle Name           | Last Name  |                             |                                    |                                   |
| he       | thin 1 year before you filed<br>Ip you deal with your credi<br>not include any payment or                    | tors or to make paym  |  | alf pay or transfer a       | ny property to any                 | one who promised                  |
| <b>✓</b> | No Yes. Fill in the details.   |                       |  |                             |                                    |                                   |
|          |  |                       | Description and value of any prop  | ertv                        | Date                               | Amount of payment                 |
|          |  |                       | transferred  |                             | payment or<br>transfer was<br>made |                                   |
|          | Person Who Was Paid  |                       | -  |                             |                                    |                                   |
|          | Number Street  |                       | -  |                             |                                    |                                   |
|          |  |                       | -  |                             |                                    |                                   |
|          | City State   | Zip Code              |  |                             |                                    |                                   |
| <b>✓</b> | No<br>Yes. Fill in the details.  |                       | Description and value of property transferred                              |                             | property or<br>eived or debts paid |                                   |
|          |  |                       |  | in exchange                 |                                    | made                              |
|          | Person Who Received Tran   | nsfer                 |  |                             |                                    |                                   |
|          | Number Street  |                       |  |                             |                                    |                                   |
|          | City State Person's relationship to yo   | Zip Code<br>ou        | -  |                             |                                    |                                   |
|          | Person Who Received Trar   | nsfer                 | -  |                             |                                    |                                   |
|          | Number Street  |                       | -  |                             |                                    |                                   |
|          |  |                       |  |                             |                                    |                                   |
|          | City State<br>Person's relationship to yo  | Zip Code<br>ou        | -  |                             |                                    |                                   |
| be       | Person's relationship to yo<br>thin 10 years before you fil<br>neficiary?                                    | ed for bankruptcy, di | d you transfer any property to a self-se                                   | ettled trust or simil       | ar device of which                 | you are a                         |
| be       | Person's relationship to yo thin 10 years before you fil neficiary? nese are often called asset-pre          | ed for bankruptcy, di | d you transfer any property to a self-se                                   | ettled trust or simil       | ar device of which                 | you are a                         |
| be       | Person's relationship to yo<br>thin 10 years before you fil<br>neficiary?<br>nese are often called asset-pro | ed for bankruptcy, di | d you transfer any property to a self-se  Description and value of the pro |                             | ar device of which                 | you are a  Date transfer was made |

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Page 49 of 78 Document Debtor 1 Sapphire Robinson Case number (if known) First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents

City

Name of Storage Facility

State

Number Street

Name

Citv

Zip Code

Number

Street

State

7in Code

have it? No

Yes

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Debtor 1 Sapphire Robinson Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Deb  |          | Sapphire  |   |  | Robinson               | Case                | number <i>(if</i> | known)  |                    |
|------|----------|---|---|--|------------------------|---------------------|-------------------|---|--------------------|
|      |          | First Name  | N   | Middle Name  | Last Name              |                     |                   |   |                    |
| 26.  | Hav      | e you been a party                                      | y in any judici   | al or administra   | ative proceeding unde  | er any environment  | tal law? In       | clude settlements and o                       | orders.            |
|      |          | No<br>Yes. Fill in the det                              | ails.   |  |                        |                     |                   |   |                    |
|      |          |   |   |  | Court or agency        |                     | Nature o          | of the case                                   | Status of the case |
|      |          | Case title  |   | <del></del> ;  | Court Name             |                     |                   |   | Pending            |
|      |          | Case number   |   |  | NumberStreet           |                     |                   |   | On appeal          |
|      |          |   |   | i  | City State             | Zip Code            |                   |   | Concluded          |
| Part | 11:      | Give Details Ab   | oout Your Bu  | usiness or Co  | onnections to Any B    | usiness             |                   |   |                    |
| 27.  | Witl     | hin 4 years before                                      | you filed for b   | ankruptcy, did   | l you own a business o | r have any of the f | ollowing c        | onnections to any busin                       | ess?               |
|      | <b>✓</b> | A member of A partner in a An officer, di An owner of a | a limited liabi<br>a partnership<br>rector, or mar<br>at least 5% of<br>above applies | lity company (Laging executive the voting or each of the control o |                        | partnership (LLP)   | ull-time or p     | oart-time                                     |                    |
|      |          | Yes. Check all that                                     | at apply abov   | e and fill in the  | details below for each |                     |                   |   |                    |
|      |          |   |   |  | Describe the na        | ture of the busines | SS                | Employer Identificatio include Social Securit |                    |
|      |          | Business Name   |   |  | _                      |                     |                   | EIN:  |                    |
|      |          | Number Street   |   |  | Name of accoun         | tant or bookkeepe   | er                | Dates business existed                        | d                  |
|      |          | City  | State   | Zip Code   |                        |                     |                   | From To                                       |                    |
|      |          |   |   |  | Describe the na        | ture of the busines | SS                | Employer Identificatio include Social Securit |                    |
|      |          | Business Name   |   |  | _                      |                     |                   | EIN:  |                    |
|      |          | Number Street   |   |  | —<br>Name of accoun    | itant or bookkeepe  | er                | Dates business existed                        | d                  |
|      |          | City  | State   | Zip Code   |                        |                     |                   | From To                                       |                    |
|      |          |   |   |  | Describe the na        | ture of the busines | 6S                | Employer Identificatio include Social Securit |                    |
|      |          | Business Name   |   |  | _                      |                     |                   | EIN:  |                    |
|      |          | Number Street   |   |  | Name of accoun         | itant or bookkeepe  | er                | Dates business existed                        | d                  |
|      |          | City  | State   | Zip Code   |                        |                     |                   | From To                                       |                    |
|      |          |   |   |  |                        |                     |                   |   |                    |

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| Deb | tor 1      | Sapphire  | Т                        | Robinson                        | Case number (if known)  |
|-----|------------|---|--------------------------|---------------------------------|---|
|     |            | First Name  | Middle Name              | Last Name                       |   |
| 28. |            | hin 2 years before you filed<br>ditors, or other parties.<br>No<br>Yes. Fill in the details below |                          | give a financial statement to   | o anyone about your business? Include all financial institutions,   |
|     |            |   |                          | Date issued                     |   |
|     |            |   |                          |                                 |   |
|     |            | Name  |                          | MM/DD/YYYY                      |   |
|     |            | Number Street   |                          |                                 |   |
|     |            | Number Street   |                          |                                 |   |
|     |            | City State  | Zip Code                 |                                 |   |
|     |            | Cian Dalaur   |                          |                                 |   |
| Par | . 12:      | Sign Below  |                          |                                 |   |
| 1   | true a     | and correct. I understand t   | nat making a false state | ment, concealing property, c    | and I declare under penalty of perjury that the answers are or obtaining money or property by fraud in connection with ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|     |            | /s/ Sappnire  |                          |                                 | <del></del>   |
|     |            | Signature of Deb  | otor 1                   |                                 | Signature of Debtor 2   |
|     |            | Date 8/10/2018  | <b>.</b>                 |                                 | Date  |
|     | ✓ N        | ou attach additional pages<br>lo<br>'es   | to Your Statement of Fi  | nancial Affairs for Individuals | s Filing for Bankruptcy (Official Form 107)?<br>ruptcy forms?   |
|     | <b>✓</b> N | lo  |                          |                                 |   |
|     | □ ′        | es. Name of person  |                          |                                 | Attach the Bankruptcy Petition Preparer's Notice,   |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|   | Northern Distri  | ct of Illinois  |   |  |  |
|---|--|---|---|--|--|
| Sapphire T Robinson   | n  | Case No.  |   |  |  |
| Debtor  |  |   | (If known)  |  |  |
|   |  | Chapter   | Chapter 13  |  |  |
| DISCLOSURE OF   | COMPENSATIO  | N OF ATTORNEY F   | OR DEBTOR   |  |  |
| compensation paid to me within on   | ne year before the filing of the   | petition in bankruptcy, or agreed to  | be paid to me, for services   |  |  |
| For legal services, I have agreed to  | accept   |   | \$4,000.00  |  |  |
| Prior to the filing of this statement   | I have received  |   | \$175.00  |  |  |
| Balance Due   |  |   | \$3,825.00  |  |  |
| The source of the compensation pa   | aid to me was:   |   |   |  |  |
| <b>✓</b> Debtor   | Other (specify)  |   |   |  |  |
| The source of the compensation pa   | aid to me is:  |   |   |  |  |
| <b>✓</b> Debtor   | Other (specify)  |   |   |  |  |
| I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |  |   |   |  |  |
| I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |  |   |   |  |  |
| . In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |   |   |  |  |
| <ul> <li>a. Analysis of the debtor's final bankruptcy;</li> </ul>   | ancial situation, and rendering  | advice to the debtor in determinin  | g whether to file a petition in   |  |  |
| b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;   |  |   |   |  |  |
| c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;   |  |   |   |  |  |
| d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  |  |   |   |  |  |
| By agreement with the debtor(s), th   | e above-disclosed fee does no  | ot include the following services:  |   |  |  |
|   |  |   |   |  |  |
|   | CERTIFIC   | ATION   |   |  |  |
|   |  | nt or arrangement for payment to n  | ne for representation of the  |  |  |
| 8/10/2018   |  | /s/ Jeremy Nevel  |   |  |  |
| Date  |  | Signature of Attorney   |   |  |  |
| 24.0  |  |   |   |  |  |
| 24.0  |  | Semrad Law Firm   |   |  |  |
|   | Disclosure of Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within or rendered or to be rendered on behalf of legal services, I have agreed to Prior to the filling of this statement Balance Due  The source of the compensation paid of Debtor  The source of the compensation paid of Debtor  The source of the compensation paid of Debtor  I have not agreed to share the above members and associates of my letter the people sharing in the compensation of the debtor's final bankruptcy;  b. Preparation and filling of an c. Representation of the debtor d. Representation of the debtor d. Representation of the debtor d. By agreement with the debtor(s), the certify that the foregoing is a completor(s) in this bankruptcy proceedings | Disclosure of Compensation paid to me was:    Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certifuc compensation paid to me within one year before the filing of the rendered or to be rendered on behalf of the debtor(s) in contemple For legal services, I have agreed to accept   Prior to the filing of this statement I have received | Disclosure of compensation paid to me with the source of the compensation paid to me with a base of the source of the compensation paid to me with a base of the source of the compensation paid to me with a base of the debtor(s) in contemplation of or in connection with the For legal services, I have agreed to accept  Prior to the filing of this statement I have received  Balance Due  The source of the compensation paid to me was:  Debtor  Other (specify)  The source of the compensation paid to me is:  Debtor  Other (specify)  I have not agreed to share the above-disclosed compensation with any other person unless the members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who members or associates of my law firm. A copy of the agreement, together with a list of the name the people sharing in the compensation, is attached.  In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bank a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determinin bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may to c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any and d. Representation of the debtor in adversary proceedings and other contested bankruptcy mat. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  certify that the foregoing is a complete statement of any agreement or arrangement for payment to nor(s) in this bankruptcy proceedings. |  |  |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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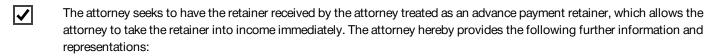
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$175.00 toward the flat fee, leaving a balance due of \$3,825.00; and \$43.23 for expenses, leaving a balance due of \$4,178.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 8/10/2018     |                        |
|-----------|---------------|------------------------|
| Signed:   |               |                        |
| /s/ Sapp  | hire Robinson |                        |
|           |               | /s/ Jeremy Nevel       |
| Debtor(s) |               | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1.717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:  | Robinson, Sapphire T  Debtor(s) | Case No  |                                      |  |
|---|---------------------------------|--|--------------------------------------|--|
|   |                                 | Chapter.   | Chapter13                            |  |
|   | VERIFICATION                    | OF CREDITOR MAT                                      | TRIX                                 |  |
| The above named Debtors hereby verify that the att knowledge. |                                 | attached list of creditors is t                      | rue and correct to the best of their |  |
| Date:   | 8/10/2018                       | /s/ Robinson, S<br>Robinson, Sapp<br>Signature of De | phire T                              |  |

NISSAN MOTOR ACCEPTANC 2901 KINWEST PKWY IRVING, TX, 75063

Navient PO Box 8961 Madison, WI, 53708

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN, NE, 68508

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

DIVERSIFIED CONSULTANT 10550 DEERWOOD PARK BLVD JACKSONVILLE, FL, 32256

BK OF AMER PO BOX 1598 NORFOLK, VA, 23501

CAPITALONE PO BOX 30253 SALT LAKE CITY, UT, 84130

J.B. ROBINSON JEWELERS 375 GHENT RD FAIRLAWN, OH, 44333

EASYPAY/DVRA 2701 LOKER AV WEST CARLSBAD, CA, 92008

Saint Anthony Hospital PO Box 809109 Chicago, IL, 60680

City of Chicago - Dep't of Revenue PO Box 88292 Chicago, IL, 60608 CITY CHICAGO c/o ARNOLD SCOTT HARRIS PC 111 W JACKSON #600 Chicago, IL, 60604

FIFTH THIRD 1725 N. Harlem Ave. Chicago, IL, 60707

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

SI

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.



### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$175.00 toward the flat fee, leaving a balance due of \$3,825.00; and \$43.23 for expenses, leaving a balance due of \$4,178.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 8/9/2018  |   |
|---|---|
| Signed:   |   |
| /s/ Sapphire Robinson   | $\bigcap$ $\bigcap$ $\bigcap$ $\bigcap$ |
|   | /s/ Jeremy Nevel                        |
| Debtor(s)   | Attorney for Debtor(s)                  |
| Do not sign if the fee amounts at top of this page are blank. |   |

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### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

### Dear Sapphire T. Robinson,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. The plan is subject to change based on creditor proof of claims and objections. Your Chapter 13 plan payment will be \$465.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$175.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 5% of the plan payment.
- 2. The Firm's fees will be paid at approximately \$221.00/mo.
- 3. NISSAN MOTOR ACCEPTANC will be paid \$18,718.00 at 6.5% APR at a fixed monthly payment of \$220.00/mo. until Firm's Fees are paid approximately until October 2020, at which point NISSAN MOTOR ACCEPTANC will be paid \$441.00/mo. until paid in full. The secured amount paid to NISSAN MOTOR ACCEPTANC is subject to its proof of claim.
- 4. General Unsecured Creditors will be paid 10% pro rata after all other creditors.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.

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### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorneys

Accepted:

Sapphire T. Robinson

Date: 8-9-18

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| Debtor 1 Sapphire First Name  | T<br>Middle Name   | Robinson C   | ase number (if known)   |   |
|---|--|--|---|---|
| * ************************************  | estions for Reporting Purpose  |  |   |   |
| 16. What kind of debts do<br>you have?  | No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primaril  | al primarily for a personal, by business debts? Busine investment or through the   | family, or household purpose<br>tess debts are debts that you i<br>to operation of the business o   | e."<br>ncurred to obtain<br>r investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? |  | er 7. Do you estimate that after   | er any exempt property is exclu<br>tribute to unsecured creditors?  | ded and administrative  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 50,00   | 1-50,000<br>1-100,000<br>than 100,000   |
| 19. How much do you estimate your assets to be worth?   |  | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001   | \$1,00 million  | 000,001-\$1 billion<br>0,000,001-\$10 billion<br>00,000,001-\$50 billion<br>than \$50 billion             |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below  |  | \$1,000,001-\$1<br>\$10,000,001-\$1<br>\$50,000,001-\$1<br>\$100,000,001   | \$1,00 million \$1,00 \$100 million \$10,00   | 000,001-\$1 billion<br>0,000,001-\$10 billion<br>00,000,001-\$50 billion<br>than \$50 billion             |
|   | I have examined this petition,   | and I declare under penalty  | of periury that the informat  | on provided is true and   |
| For you   | correct.  If I have chosen to file under Coof title 11, United States Code under Chapter 7.  If no attorney represents me a out this document, I have obtained in accordance of I understand making a false st connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341 | e. I understand the relief avenue I did not pay or agree to ained and read the notice routh the chapter of title 11, atement, concealing propercase can result in fines up | railable under each chapter, a<br>o pay someone who is not ar<br>equired by 11 U.S.C. § 342(I<br>United States Code, specifi<br>erty, or obtaining money or p | and I choose to proceed<br>attorney to help me fill<br>b).<br>ed in this petition.<br>roperty by fraud in |
|   | Signature of Debtor 1  |  | Signature of Debtor 2   |   |
|   | Executed on 8/9/2018<br>MM / E   | DD / YYYY  | Executed on   | DD / YYYY   |

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| Fill in this infor     | mation to identify your c | ase:        | <b>有对的外别是由于</b>      |  |
|------------------------|---------------------------|-------------|----------------------|--|
| Debtor 1               | Sapphire                  | Т           | Robinson             |  |
|                        | First Name                | Middle Name | Last Name            |  |
| Debtor 2               |                           |             |                      |  |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |  |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |  |
|                        |                           |             | (State)              |  |
| Case number (If known) |                           |             |                      |  |

### Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: Sign Below   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?              |   |  |  |  |  |  |
| ✓ No   |   |  |  |  |  |  |
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and |   |  |  |  |  |  |
| that they are true and correct.  |   |  |  |  |  |  |
| /s/ Sapphire Robinson Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |  |
|  | 100 C |  |  |  |  |  |
| Date 8/9/2018<br>MM/DD/YYYY  | Date MM/DD/YYYY   |  |  |  |  |  |

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| Debte   | or 1  | Sapphire                         | Т            | Robinson    | Case number (if known)   |  |  |
|---|---|----------------------------------|--------------|-------------|--|--|--|
|   |   | First Name                       | Middle Name  | Last Name   |  |  |  |
|   | 8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institution creditors, or other parties. |                                  |              |             |  |  |  |
|   |   | No<br>Yes. Fill in the details b | pelow.       |             |  |  |  |
|   |   |                                  |              | Date issued |  |  |  |
|   |   | Name                             |              | MM/DD/YYYY  | _  |  |  |
|   |   | Number Street                    |              | _           |  |  |  |
|   |   | City St                          | ate Zip Code | _           |  |  |  |
| Part  | 12:   | Sign Below                       |              |             |  |  |  |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |                                  |              |             |  |  |  |
|   |   | Signature of                     |              |             | Signature of Debtor 2  |  |  |
|   |   | Date 8/9/2                       | 2018         |             | Date   |  |  |
| D   | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |                                  |              |             |  |  |  |
|   | <b>⊿</b> №  | lo<br>es                         |              |             |  |  |  |
| D   | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |                                  |              |             |  |  |  |
| G   | Z N   | lo                               |              |             |  |  |  |
|   | J Y   | es. Name of person               |              |             | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119). |  |  |

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:  | Robinson, Sapphire T  Debtor(s) | Case No   | Case No   |  |  |
|---|---------------------------------|---|-----------|--|--|
|   |                                 | Chapter.  | Chapter13 |  |  |
|   | VERIFIC                         | ATION OF CREDITOR MATR  | RIX       |  |  |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. |                                 |   |           |  |  |
| Date:   | 8/9/2018                        | /s/ Robinson, Sapp<br>Robinson, Sapphire<br>Signature of Debtor | еТ        |  |  |

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| Debt  |     | Sapphire<br>First Name  | T<br>Middle Name             | Robinson<br>Last Name | Case number (if known)   |             |
|---|-----|---|------------------------------|-----------------------|--|-------------|
| 16  |     | culate the median family inco   |                              |                       | 10.  |             |
| 10.   |     | a. Fill in the state in which you liv                                   |                              | llinois               |  |             |
|   |     |   |                              | part ent grant entror | -  |             |
|   |     | o. Fill in the number of people in                                      |                              | 2                     | -  | ¢69 697 00  |
|   | 160 | <ul> <li>Fill in the median family income<br/>household</li> </ul>      | e for your state and size o  | 2100000000            | nd a list of applicable median income amounts, go online   | \$68,687.00 |
|   |     |   | eparate instructions for th  |                       | nay also be available at the bankruptcy clerk's office.  |             |
| 17.   | Hov | w do the lines compare?   |                              |                       |  |             |
| 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). |     |   |                              |                       |  |             |
|   | 17b |   | o Part 3 and fill out Cal    | culation of Dispo     | eck box 2, Disposable income is determined under 11 sable Income (Official Form 122C-2). On line 39 of that      |             |
| Part  | 3:  | Calculate Your Commitme   | ent Period Under 11          | U.S.C. §1325(I        | b)(4)  |             |
| 18.   | Cop | by your total average monthly   | income from line 11.         |                       |  | \$1,583.06  |
| 19.   |     |   |                              |                       | is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13. |             |
|   | 19a | a. If the marital adjustment does                                       | not apply, fill in 0 on line | 19a.                  |  | -\$0.00     |
|   | 19b | o. Subtract line 19a from line 1  | 8.                           |                       |  | \$1,583.06  |
| 20.   | Cal | culate your current monthly ir  | ncome for the year. Folk     | ow these steps:       |  |             |
|   | 20a | a. Copy line 19b.   |                              |                       |  | \$1,583.06  |
|   |     | Multiply by 12 (the number of   |                              |                       |  | x 12        |
|   | 20b | o. The result is your current mont                                      | thly income for the year fo  | r this part of the f  | orm.   | \$18,996.72 |
|   | 200 | c. Copy the median family incom   | e for your state and size o  | of household from     | line 16c.  | \$68,687.00 |
| 21.   | Hov | w do the lines compare?   |                              |                       |  |             |
| Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |     |   |                              |                       |  |             |
|   |     | Line 20b is more than or equal 4, <i>The commitment period is 5</i>     |                              | vise ordered by th    | e court, on the top of page 1 of this form, check box  |             |
| Part  | 4:  | Sign Below  |                              |                       |  |             |
|   |     | By signing here. I declare under  | nonalty of parium that th    | information on t      | his statement and in any attachments is true and correct.  |             |
|   |     | by signing nere, i deciale under  | penalty of penalty that the  | e information on t    | ms statement and in any attachments is true and confect.   |             |
|   |     | ✗ /s/ Sapphire Robinson   | 1                            | ,                     | ς .  |             |
|   |     | Signature of Debtor 1   |                              | •                     | Signature of Debtor 2  |             |
|   |     | Date 8/9/2018   |                              |                       | Date   |             |
|   |     | MM/DD/YYYY  |                              |                       | MM/DD/YYYY   |             |
|   |     | If you checked 17a, do NOT fill If you checked 17b, fill out Formabove. |                              | his form. On line     | 39 of that form, copy your current monthly income from line  | 14          |